

Overview of Programs Offered by Montgomery County Agencies

October 17, 2011

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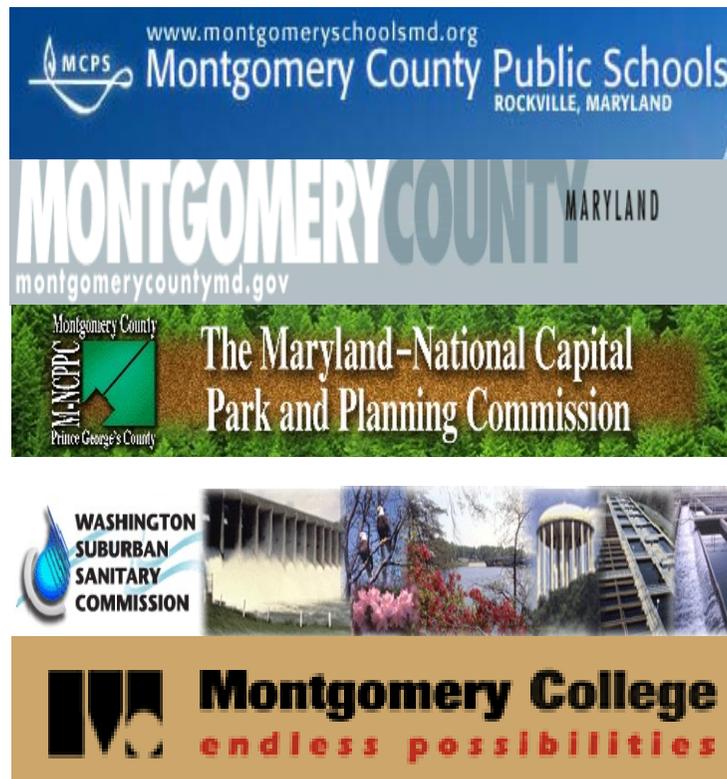


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Introduction

The Office of Legislative Oversight hired Aon to prepare an overview comparison of the active employee and retiree medical and prescription insurance plans offered by each Montgomery County agency. This overview was to include 2012 plan information where possible. The overview contains two components.

First Component:

Includes all five agencies - Montgomery County Public Schools (MCPS), Montgomery County Government (MCG), Montgomery College (MC), the Maryland–National Capital Park and Planning Commission (M-NCPPC) and Washington Suburban Sanitary Commission (WSSC). It should be noted that M-NCPPC and WSSC are bi-County agencies (Montgomery County and Prince George’s County).

- Plan Options offered by each agency
- Specific plan design features and key differences between plans offered
- Enrollment in each plan as well as opt out rate
- Premiums charged under each plan based on 2012 projections including employee/retiree share and agency share
- Administrative costs

Second Component:

Analysis of MCPS and MCG programs to identify reasons for cost differences

- Demographics of enrollees
- Plan design differences
- Enrollment trends
- Claims history and trends

Plan Options for 2012

The Agencies offer medical programs through several insurance carriers including: CareFirst Blue Cross Blue Shield, CIGNA, Kaiser and United Healthcare. All of the Agencies use Caremark to administer their prescription drug programs.

Insurance Carriers

MCPS	MCG	M-NCPPC	WSSC	MC
UHC	UHC	UHC	UHC	CIGNA
CareFirst	CareFirst	CIGNA	Kaiser	Kaiser
Kaiser	Kaiser	Caremark	Caremark	Caremark
Caremark	Caremark			

Funding

All of the Agencies self insure their medical programs and their prescription drug plans. The exception to this is the Kaiser HMO program which is fully insured. Kaiser does not have the capability to offer self insured arrangements.

Under the self insured arrangements, the employer is liable for claims incurred under the plan. The insurance carrier administers the program and pays the claims and charges an administrative fee to provide these services. The administrator passes through the claims costs to the employer by withdrawing funds from an employer bank account. The administrator also bills the employer for the administrative fees, usually on a monthly basis.

Plan Types

All of the Agencies offer multiple plan options. The types of plans are outlined below.

Health Maintenance Organization (HMO) – HMOs are healthcare systems that manage both the financing and delivery of a broad range of healthcare services to a specific group of people. The goal under HMO programs is to contain costs by focusing on prevention and primary care. In general, a participant's medical care is coordinated and supervised by their primary care physician (PCP), who also typically authorizes access to specialists. Participants usually pay a copayment for each visit or service instead of a deductible and coinsurance. Coverage is usually through a contracted network of providers and is limited outside the HMO service area, unless it is an emergency situation.

Preferred Provider Organization (PPO) – In this type of plan, providers (hospitals, physicians and other healthcare practitioners) agree to provide services at negotiated fees. Participants are allowed to go to out-of-network providers, but receive greater benefits if they stay within the network.

Point of Service (POS) – POS plans combine features of both HMO and PPO plans. Participants can choose how they access the plan each time they need treatment. If a participant chooses to use the HMO network, their PCP coordinates care, and the out-of-pocket costs are minimal. If they choose to go outside the HMO network for care, they may select their physician, but will have to pay deductible and coinsurance charges.

Indemnity – Indemnity plans allow the participant to go to any primary care doctor, specialist or hospital that they choose. The plans have deductibles that the participant must pay before coverage from the insurance plan begins. After the deductible is met, the health plan pays for a percentage of the healthcare expenses. Indemnity plans offer the best choice of provider, but have more expensive monthly premiums, deductibles and coinsurance.

Consumer Directed Health Plan (CDHP) Consumer directed health care refers to health insurance plans that allow members to use personal Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs), or similar medical payment products to pay routine health care expenses directly, in conjunction with a high deductible health insurance policy (usually PPO) that protects the participant from catastrophic medical expenses. The underlying plan is the same as a PPO or POS plan and uses the same network of providers.

Medicare Supplement – A Medicare supplement plan is made available to retirees who are eligible for Medicare. Under this type of plan Medicare pays health care expenses first, or primary, and then covered expenses that Medicare does not pay are paid by the supplemental coverage.

Plans Offered by Agency for 2012

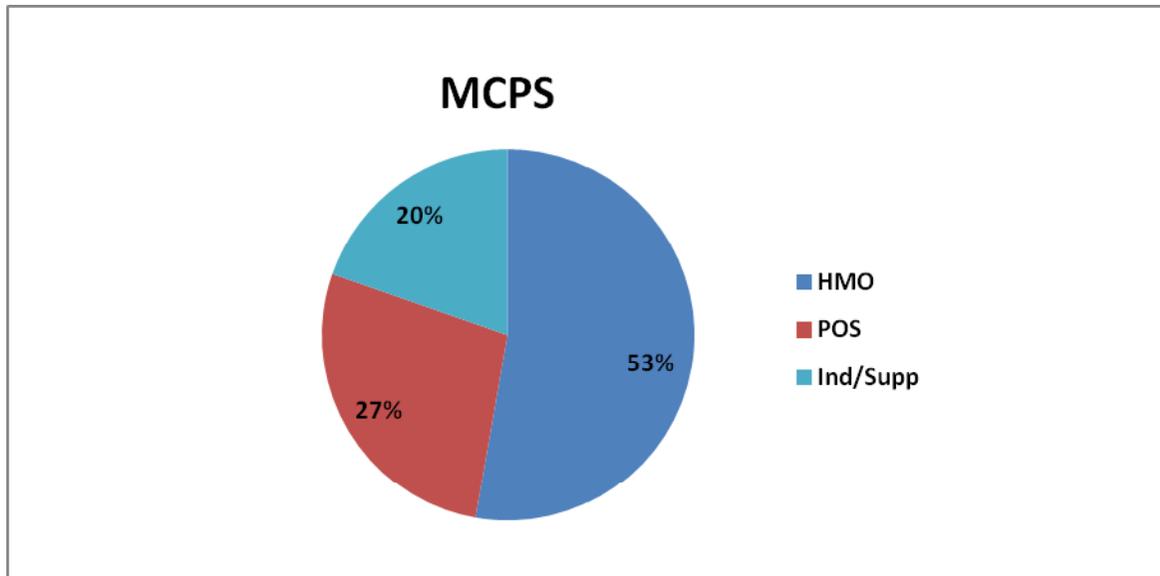
Type of Plan	MCPS	MCG	M-NCPPC	WSSC	MC
HMO	√	√	√	√	√
POS	√	√	√	√	√
PPO					√
CDHP					√
Ind/Supp	√	√	√	√	

MCPS	MCG	M-NCPPC	WSSC	MC
United Closed POS*	CareFirst High Option POS	CIGNA HMO	United HMO	CIGNA POS
United Open POS	CareFirst Standard Option POS	United HMO	United POS	CIGNA PPO
United HMO	United HMO	United POS	Kaiser HMO	CIGNA CDHP
CareFirst POS	Kaiser HMO	United Medicare Complement	United Supplemental	Kaiser HMO
CareFirst HMO	CareFirst Indemnity (Retiree Only)			
Kaiser HMO Indemnity Plan				

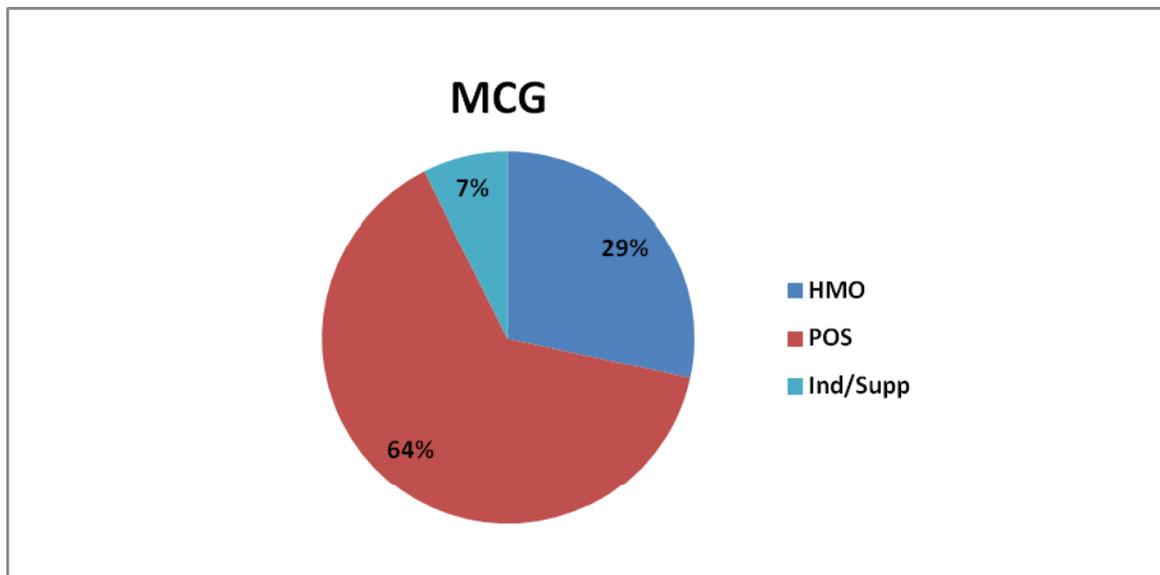
* The MCPS Closed POS is only available to employees hired before January 1, 1994.

All of the agencies offer at least one HMO plan and at least one POS plan. All agencies offer plan options that include national networks, primarily to accommodate retirees. MCPS currently offers the most plan options to active employees (3 HMOs and 2 POS plans). Montgomery College will offer a Consumer Directed Health plan (CDHP) beginning in 2012. They are the only agency to offer this type of plan.

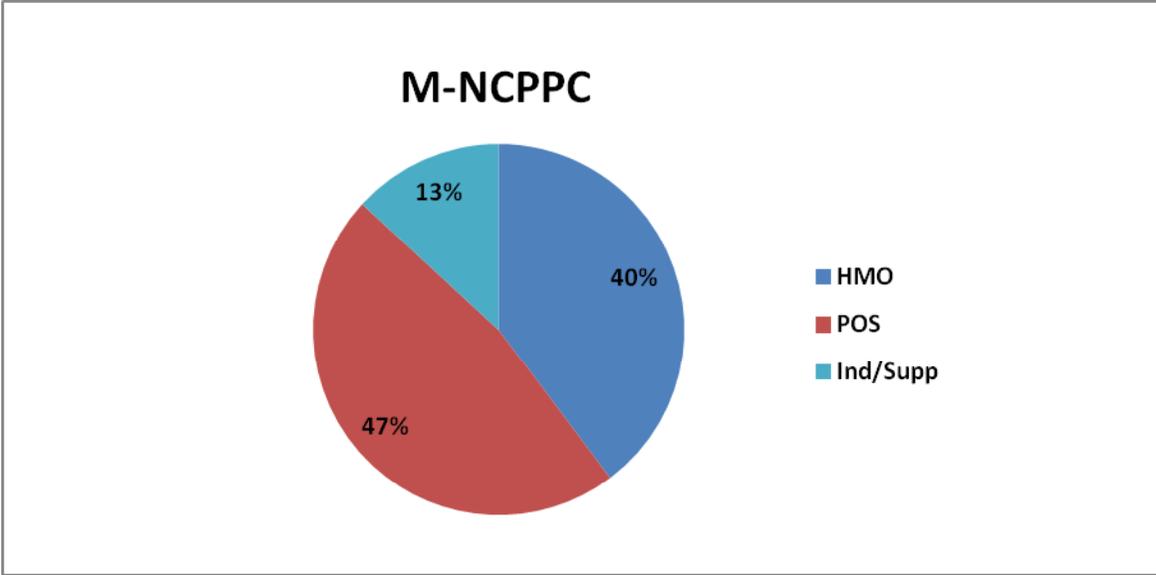
Enrollment by Plan – Actives and Retirees 2011 Elections



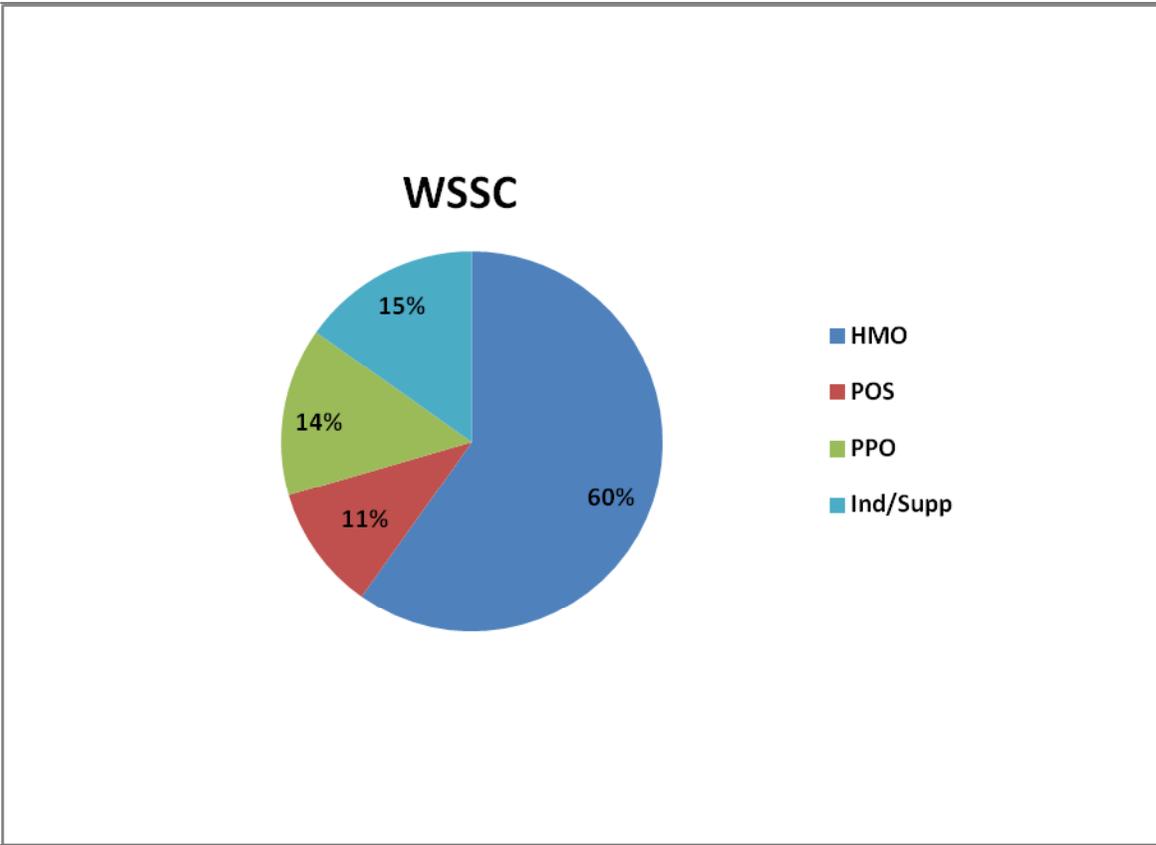
For MCPS, the vast majority of enrollment is in the HMO plans which have lower cost for active employees than the POS plans. The HMO plans are also lower cost than the POS plans for non-Medicare retirees but the differential is not as great as it is for active employees. The Indemnity plan is only available to retirees and is a Medicare Supplement plan for retirees eligible for Medicare. All enrollment reflects 2011 elections since open enrollment has not yet occurred for 2012.



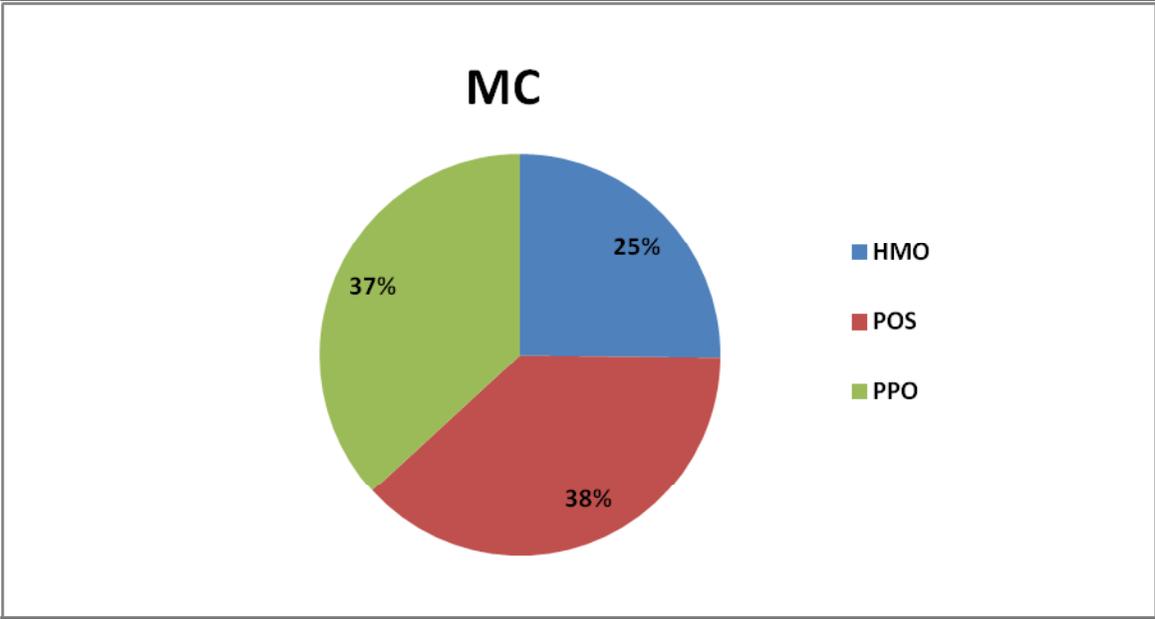
For MCG, the majority of enrollment is in The POS plans. The premium share for the POS and HMO plans were the same in the past, however starting in 2012 the cost share for active employees will be 5% higher for the POS plans. It is expected that this will cause increased enrollment in the HMO plans in 2012. The Indemnity plan is only available to retirees and is a Medicare Supplement plan for retirees eligible for Medicare.



The highest enrollment for M-NCPPC is in the POS plans. One POS plan and two HMO plans are currently offered and the employee contributions historically have been similar among all of these plans. The Supplemental Plan (Medicare Compliment) is only available to Medicare eligible retirees.



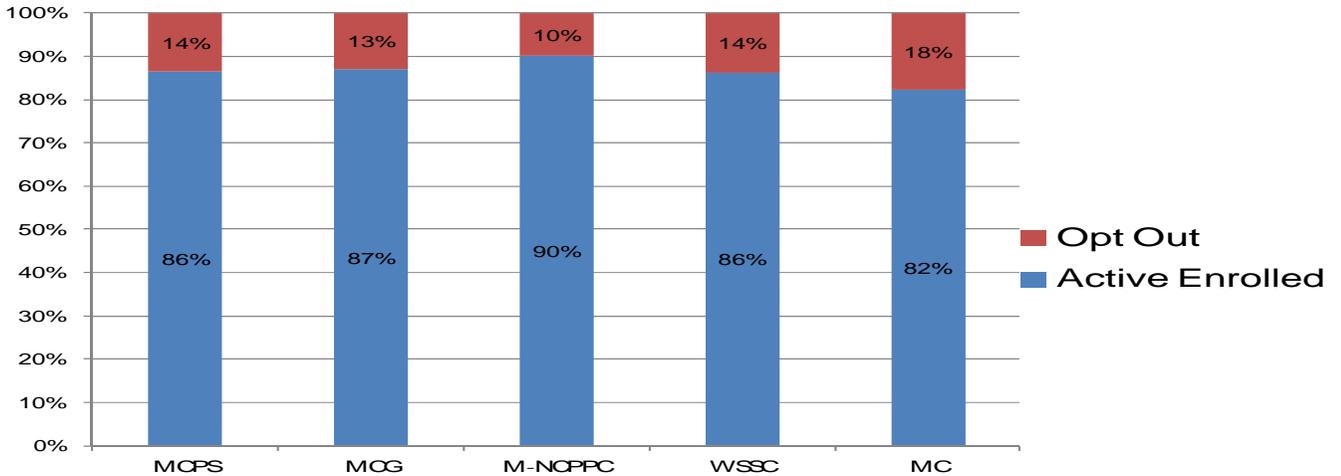
WSSC enrollment has been primarily in the HMO plans. The employee cost for the HMO plans has historically been significantly less than for the POS plans. The CareFirst HMO and PPO plans are being eliminated in 2012 and it is assumed that individuals enrolled in those plans will enroll in either the United or Kaiser plans. The Indemnity plan is only available to retirees and is a Medicare Supplement plan for retirees eligible for Medicare.



Montgomery College enrollment is fairly evenly split between the POS and PPO plans followed by the HMO plan. Montgomery College is introducing a CDHP in 2012 and it is assumed that 10% of active enrollees in the POS plan and 40% of actives in the PPO plan will select the CDHP. The PPO plan will only be available to retirees.

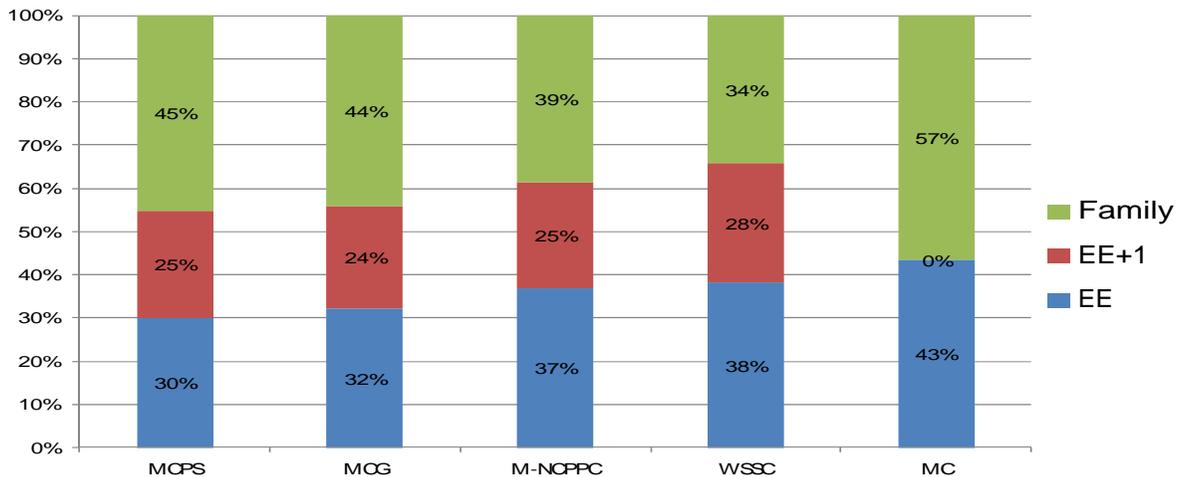
Active Opt Out Rates

The chart below shows the percent of employees eligible for coverage who do not purchase coverage for each agency. This is based on 2011 enrollment and may change after elections are made for 2012 as agencies make cost share and plan design changes.



Montgomery College has the highest opt-out rate of 18%. This is most likely due to the College having the highest cost share percent (25%).

Active Coverage by Tier – 2011 Elections



Montgomery College has the highest level of family coverage since EE+1 coverage is not available for actives. The other agencies offer three tiers of coverage and MCPS and MCG have about the same percent of family coverage, exceeding the other two agencies by 6% to 10%.

Plan Design Features for 2012

Detailed plan design provision charts can be found in the appendix. The charts below outline plan provisions in major categories that differ. M-NCPPC has not yet finalized their plan design for 2012 and is not included.

HMO

Plan Design	MCPS	MCG	M-NCPPC	WSSC	MC
PCP Copay	\$5	\$5	\$10	\$15 - \$20	\$15
Specialist Copay	\$5 - \$10	\$5 - \$10	\$10	\$20 - \$25	\$30
Preventive Copay	\$0	\$5	\$10	\$0 - \$25	\$0
ER Copay	\$100	\$25 - \$50	\$25 - \$35	\$75	\$75
Urgent Copay	\$5 - \$15	\$15	\$15 - \$35	\$20 - \$25	\$30

MCPS and MCG have the lowest copays of the agencies for primary care and specialist office visits. MCG and M-NCPPC have the lowest copays for emergency room use.

POS/PPO (In network)

Plan Design	MCPS	MCG	M-NCPPC	WSSC	MC
Coinsurance	none	none	none	none	10% - 20%
Deductible (Ind)	none	none	none	none	\$250 - \$300
Out of Pocket (Ind)		\$1,000	\$600	\$0 - \$1,000	\$1,750- \$2,000
PCP Copay	\$5 - \$10	\$10 - \$15	\$10	\$15 - \$20	\$15 - 20%
Specialist Copay	\$5 - \$10	\$10 - \$30	\$10	\$20 - \$25	\$25 - 20%
ER Copay	\$50 - \$100	\$25 - \$50	\$35	\$75	\$100 - 20%
Preventive Care	0%	\$10 - \$15	\$10	\$0 - \$20	\$0 - 20%

The POS/PPO plan designs for MCPS, MCG, M-NCPPC and WSSC are very similar for in-network services with differences only in copay amounts (MCPS has the lowest copays). MC has the only plan with a deductible and coinsurance for in-network services.

MCPS and some MC plans have \$0 copays for preventive care since the plans no longer have grandfathered status under health care reform. If plan changes are made outside of certain parameters, loss of grandfathered status occurs. The plan is then required to provide an expansive list of preventative care services at no cost. The list will be further expanded in 2013 to include contraceptives. In addition, the plans require coverage of dependents to age 26 even if they have other employer provided coverage available to them. MCG, M-NCPPC and WSSC do not face these provisions since they have not lost grandfathered status.

Prescription Drug Plan Design for 2012

	MCPS			MCG			M-NCPPC	WSSC	MC		
	Active	Retiree A	Retiree B	Std	High 4/8	High 5/10			PPO	POS *	CDHP
Generic	\$5	\$5	\$10	\$10	\$4	\$5	\$8	\$5	\$10	10%, \$10 min \$20 max	10%
Formulary	\$10	\$15	\$25	\$20	\$8/\$4*	\$10/\$5*	\$16/\$21*	\$15	\$20	20%, \$20 min \$50 max	10%
Non Formulary	\$25	\$25	\$35	\$35	\$8/\$4*	\$10/\$5*	\$25/\$35*	\$30	\$40	40%, \$40 min \$100 max	10%
Mail Order (3 month supply)	1X*	2X	2X	1X	1X	1 X	\$16/\$32/\$40 \$16/\$42/\$60*	\$10/\$25/\$55	2X	Same coinsurance as retail	Same as Retail
Deductible				\$50					\$150		EE \$1,200 EE+1 \$2,400 F \$3,000
Comments	* Exception of generic - \$0			* Price if no generic available			* Price if generic is available		* Mail Order - Generic - \$25 min \$40 max, Formulary - \$60 min \$120 max, Non Formulary \$100 min \$250 max		

MCG bases its contribution on the Standard option plan and employees buy-up to the High Option plans. MCPS and WSSC have the most generous plans for active employees and MCPS offers different options to retirees that are less rich than the active plan. MC is the only agency using a coinsurance plan with minimum and maximum copays. This type of plan design allows the cost share to keep up with inflation since a percent of the cost is paid instead of a fixed copay value. As the cost of prescription drugs increases, both MC and utilizers of the benefit plan absorb a portion of the increase in cost.

Cost Share

Cost share represents the amount of the set annual premiums employees and retirees will be required to pay for each plan election.

Actives

Plan Type	MCPS	MCG	M-NCPPC	WSSC	MC
HMO	5%	20%	15%	20%	25%
Non-HMO	10%	25%	15%	22%	25%
Rx	10%	25%	15%	20%/22%	25%

The MCPS Closed POS has an 18% cost share and is only available to employees hired before January 1, 1994 and is not included in the chart above. MCG contributes 75% toward the standard option prescription plan and employees pay the difference in cost to elect a high option prescription plan. This average cost share for 2012 is approximately 50%.

Retirees

Plan Type	MCPS	MCG	M-NCPPC	WSSC	MC
HMO	36%	30%	15%	20%	40%
Non-HMO	36%	30%	15%	20%/22%	40%
Rx	36%	30%	15%	20%/22%	40%

The MCG cost share is an average since cost share is based on years of service. MCPS initiated a scheduled approach based on years of service for new retirees that retiree on or after July 1, 2011. The College, followed by MCPS, has the highest cost share for retirees. M-NCPPC has the lowest cost share for retirees.

Total Average Cost by Plan Type – Active

	Premium Cost	Agency Share	Employee Share
MCPS			
Medical	\$10,240	\$9,477	\$762
Rx	\$2,967	\$2,670	\$297
Total	\$13,206	\$12,147	\$1,059
MCG *			
Medical*	\$11,052	\$8,474	\$2,578
Rx	\$4,149	\$2,241	\$1,907
Total	\$15,201	\$10,716	\$4,485
M-NCPPC			
Medical	\$10,317	\$8,770	\$1,547
Rx	\$3,397	\$2,888	\$509
Total	\$13,714	\$11,658	\$2,056
WSSC			
Medical and Rx	\$15,140	\$12,020	\$3,120
MC			
Medical and Rx	\$10,695	\$8,021	\$2,674
* Includes Kaiser Rx			

The average costs in the chart above are based on premium rates. MCPS develops premium rates for active employees based only on active employee claims experience while all the other agencies combine the experience of actives and retirees when establishing premium rates.

Costs assume 2011 enrollments for MCPS, MCG and M-NCPPC; and expected 2012 enrollments for WSSC and MC (due to new plan offerings). The average costs are weighted based on enrollment in each plan.

In the second section of this report, the actual cost for active members only is broken out for MCPS and MCG to provide a more accurate comparison than the use of premium rates which include retiree experience for MCG. M-NCPPC, WSSC and Montgomery College do not have active and retiree claim data separated out sufficiently to do this analysis.

Employee Monthly Contributions

Employee contributions below reflect the monthly cost of coverage for Individual, Employee +1 or Family. In all cases, except for MCPS, the premiums are developed for active employees and retirees on a combined basis. This results in a “subsidy” of retiree rates by active employees. All of the comparisons include medical and prescription coverage. The Standard prescription plan was utilized for Montgomery County in this comparison. Detailed employee and retiree contribution schedules can be found in the appendix.

Active – HMO – Includes Prescription Drugs

Coverage Tier	MCPS	MCG	M-NCPPC	WSSC	MC
Single	\$28 - \$34	\$98 - \$111	\$77 - \$92	\$93 - \$115	\$96
EE +1	\$55 - \$65	\$186 - \$212	\$154 - \$185	\$186 - \$231	\$259
Family	\$80 - \$95	\$292 - \$335	\$231 - \$277	\$282 - \$336	\$259

MCPS employees pay significantly lower premium for HMO coverage than the other Agencies primarily due to two factors, lower cost share than the other agencies (5% compared to 15%, 20% or 25%) and also the fact that the rates are set based on active employee experience and do not include retiree experience. The other agencies’ employee costs are comparable for HMO coverage and are within similar ranges.

Active Non-HMO – Includes Prescription Drugs

Coverage Tier	MCPS	MCG	M-NCPPC	WSSC	MC
Single	\$56 - \$143	\$137 - \$145	\$86	\$185	\$111 - \$124
EE +1	\$112 - \$286	\$241 - \$255	\$173	\$365	\$300 - \$333
Family	\$149 - \$385	\$398 - \$421	\$259	\$462	\$300 - \$334

The MCG rates utilize the Standard drug option. The MCPS employee rates are lower than other agencies primarily because of the rating of actives separately from retirees.

Retiree - HMO – Includes Prescription Drugs

Coverage Tier	MCPS	MCG	M-NCPPC	WSSC	MC
Single	\$113 - \$346	\$95 - \$158	\$77 - \$92	\$42 - \$115	\$232
EE +1	\$225 - \$667	\$190 - \$308	\$154 - \$185	\$84 - \$231	\$464
Family	\$338 - \$1,003	\$284 - \$480	\$231 - \$277	\$127 - \$336	\$672

Retiree - Non HMO- Includes Prescription Drugs

Coverage Tier	MCPS	MCG	M-NCPPC	WSSC	MC
Single	\$139 - \$406	\$114 - \$271	\$47 - \$86	\$93 - \$185	\$200 - \$293
EE +1	\$278 - \$811	\$218 - \$578	\$93 - \$173	\$185 - \$365	\$399 - \$586
Family	\$417 - \$1,079	\$278 - \$867	\$140 - \$259	\$278 - \$462	\$399 - 787

The MCG rates utilize the Standard drug option. The MCPS retirees have the highest premium costs of the agencies because the rates reflect the experience under the retiree plans (not subsidized by active experience). In addition, the cost share is higher than MCG, M-NCPPC, and WSSC.

Breakdown of Premium Components

Self Funded Plans – Excludes Kaiser

	MCPS	MCG	M-NCPPC	WSSC	MC
Admin	4%	4%	4%	4%	5%
Stop Loss Fees	0.5%	2%	6%	6%	6%
Claims	95.5%	94%	90%	90%	89%
Total	100%	100%	100%	100%	100%

Administrative fees are typically lower as a percent of total cost the greater the number of enrolled due to economies of scale. The Agencies have competitively bid the plans for more than ten years on a combined basis, resulting in some of the smaller agencies benefiting from being part of the larger group. Stop loss insurance is purchased to limit liability for claims over certain amounts. The amount of stop loss coverage purchased by each agency varies based on the size of each group and the level of risk the agency is willing to absorb. The MCG administrative fees include a 1.2% fee for the cost of internal plan administration.

Comparison of Montgomery County Government and Montgomery County Public Schools

Since MCPS and MCG utilize different methodologies for rate setting, the use of premium rates to compare costs (as provided in the table on page 14) does not provide the most valid comparison. A more detailed analysis of each plan is necessary to determine and explain any differences.

In this section of the report MCG and MCPS are compared in more detail. Comparison components include:

- Comparison of per member costs
- Demographics of enrollees
- Enrollment trends
- Claim history trends
- Plan design differences

In order to compare the actual costs for MCPS and MCG employees it was necessary to develop the projected actual cost per member under each of the plans. This analysis was only completed for active employees since the data for retirees is not credible for comparison purposes.

In sum, a detailed comparative analysis indicates that the primary reason behind the differences in premium costs for MCPS and MCG is that MCG includes retirees with active employees in its pool for rate setting while MCPS separates active employees and retirees into separate pools. The other factors have a nominal affect on cost differences.

Comparison of Per Member Costs

	Active	
	MCPS	MCG
HMO	\$3,553	\$3,996
POS	\$4,365	\$3,869
Kaiser (Med&Rx)	\$4,843	\$4,911

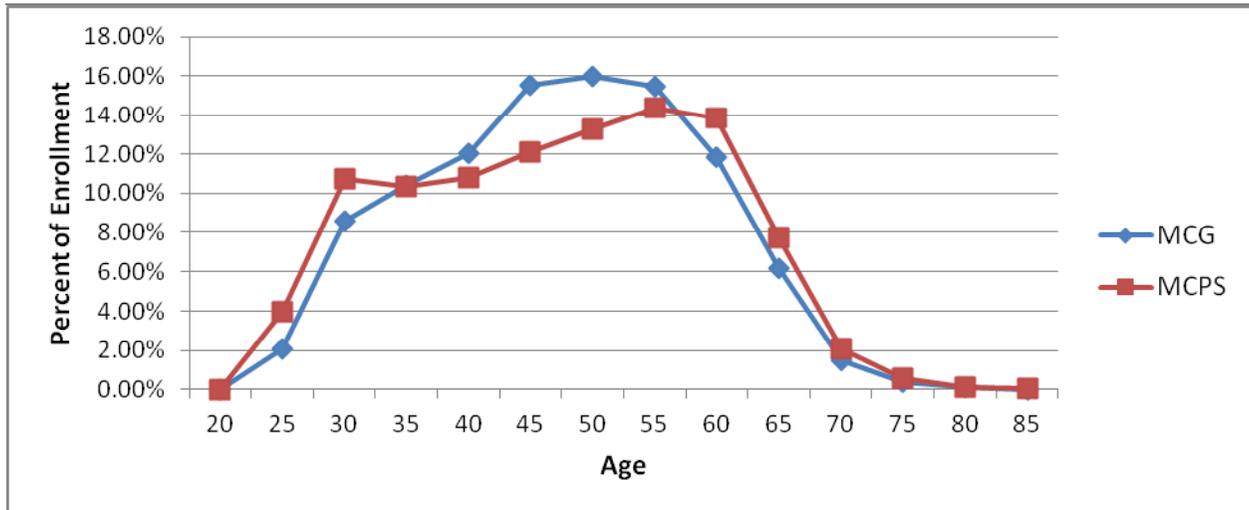
	Active	
	MCPS	MCG
All Medical*	\$4,066	\$4,028
All Rx	\$1,273	\$1,235

***Includes Kaiser Rx**

Annual per member cost is based on projected claims and expenses for 2012 divided by number of employees and dependents in each plan. Costs reflect active experience only in order to normalize costs and compare MCPS and MCG without including retiree plan experience. Per member costs by plan can be found in the appendix.

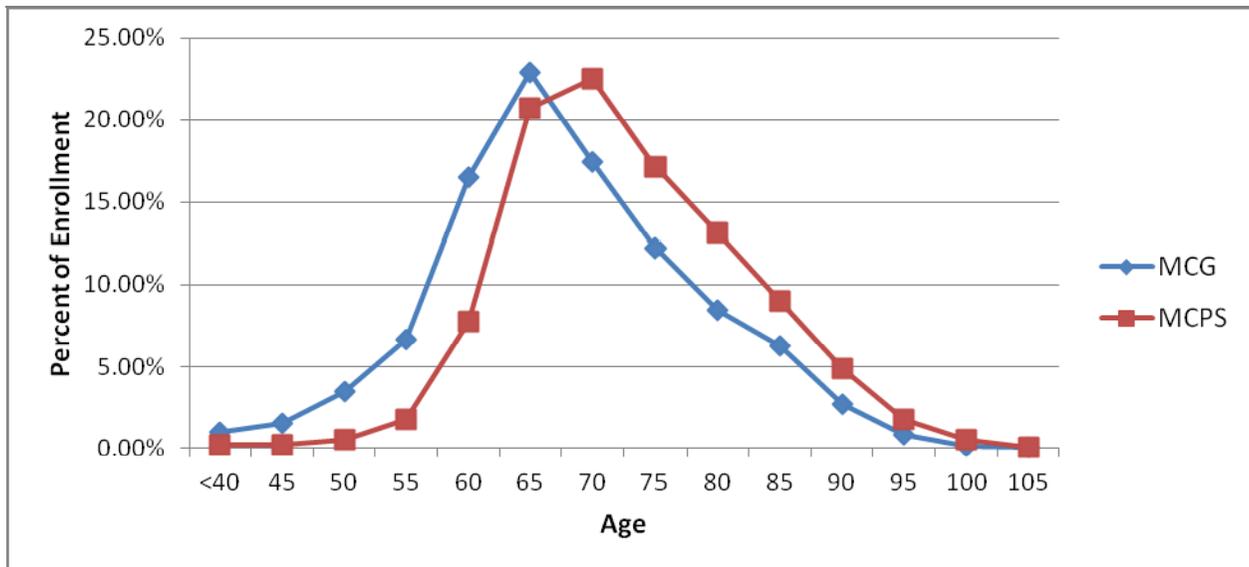
Demographics

Age Bands - Actives



The average age for both MCPS and MCG is 45. The distribution of employees as a percent of total is greater for MCG from age 35 to age 60 while MCPS has a greater percent of employees younger than age 35 and older than age 60. This data does not include dependents.

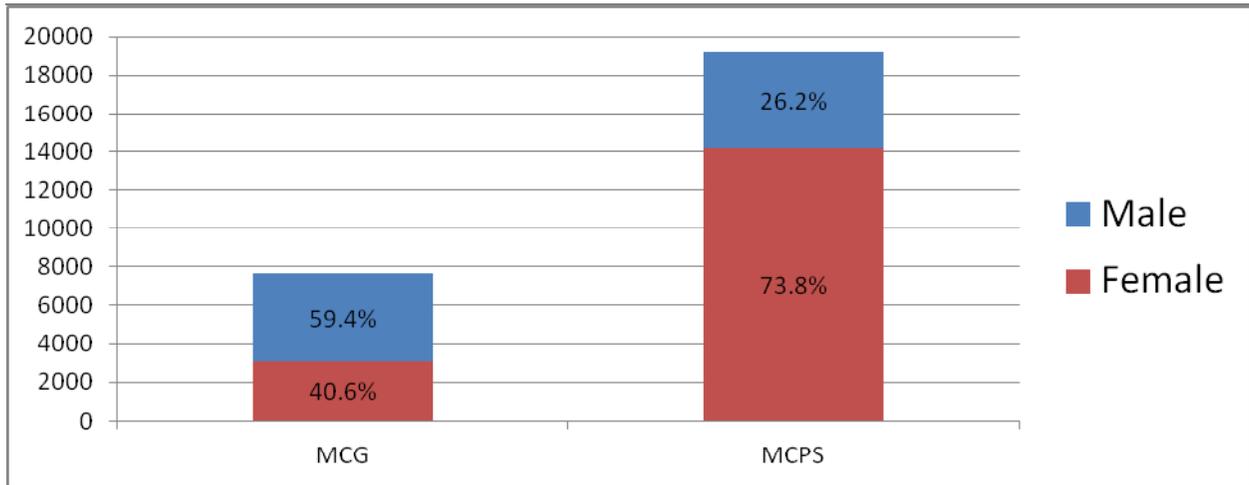
Age Bands - Retirees



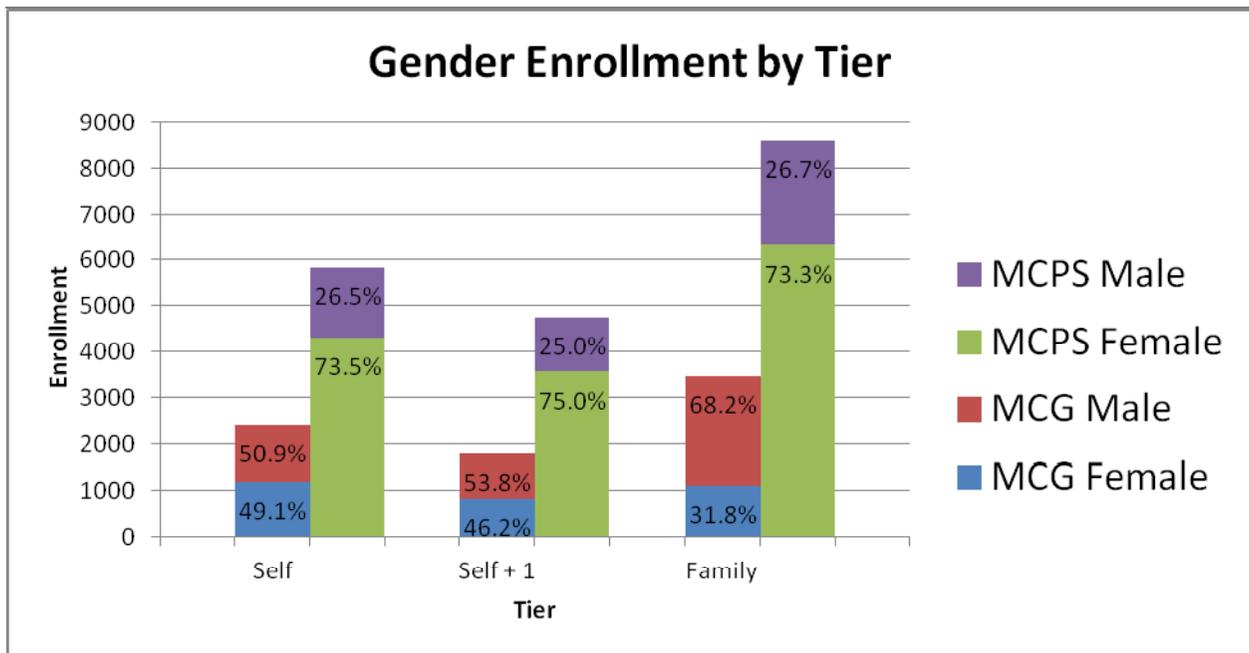
The average age for MCPS retirees is 71 and MCG is 66. This is to be expected due to MCG public safety employees having eligibility for retirement at earlier ages than MCPS employees.

Active Gender Enrollment

Overall Gender Enrollment – Does not Include Dependents



Gender Enrollment by Tier

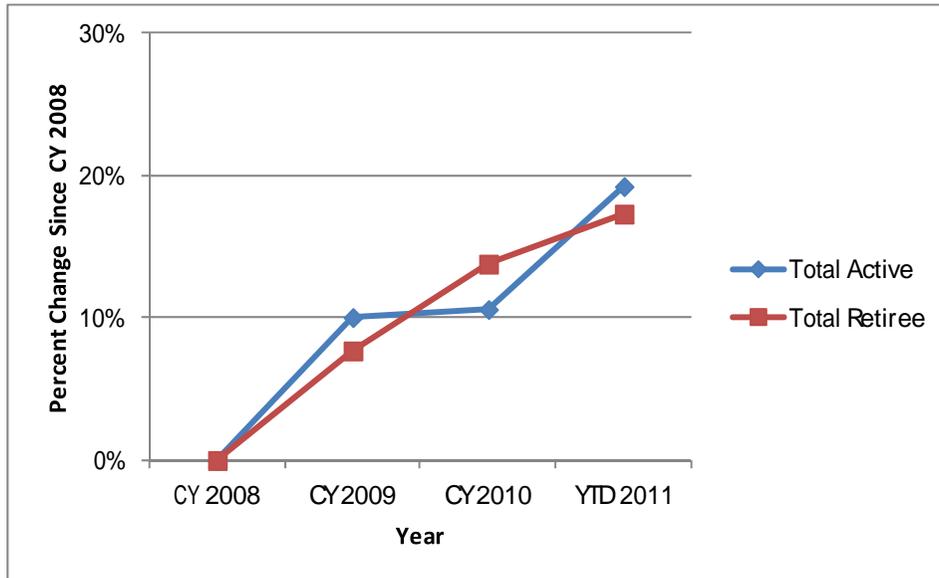


The MCPS employee gender demographics show a vast majority of female employees (about 78%) while MCG shows a majority male employee population (about 59%). The enrollment by tier follows the same pattern for the most part with family coverage for MCG male employees being the most selected level of coverage.

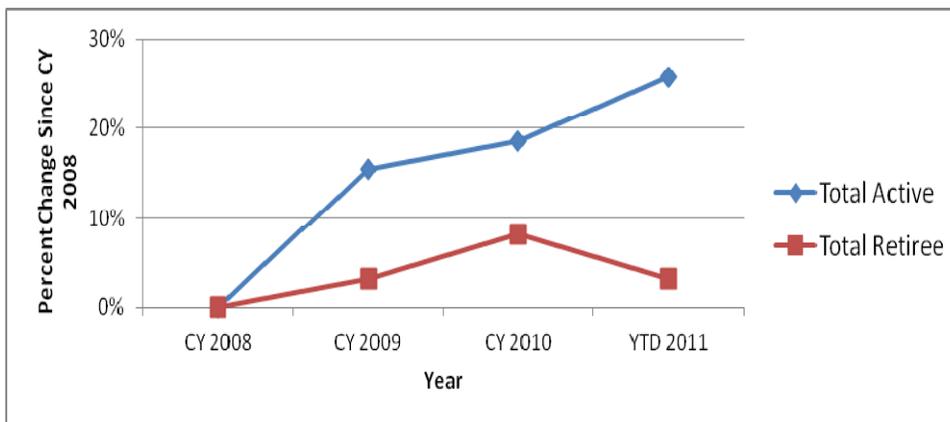
MCG has a slightly higher number of members per family with an average number of members per family with family coverage of 4.0 while for MCPS the average number of members per family with family coverage is 3.9.

Claim and Enrollment Trends

MCPS per Capita Change Since 2008

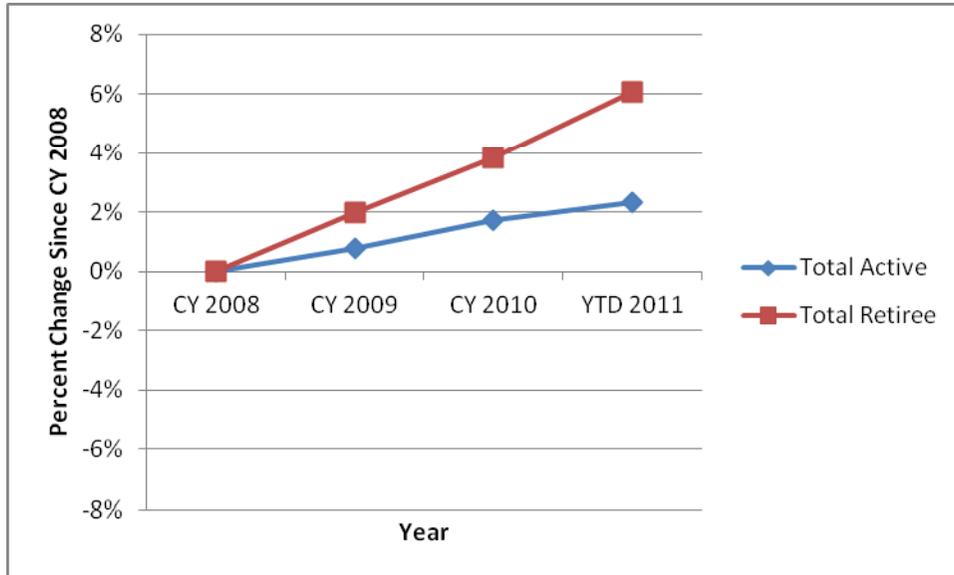


MCG per Capita Change Since 2008



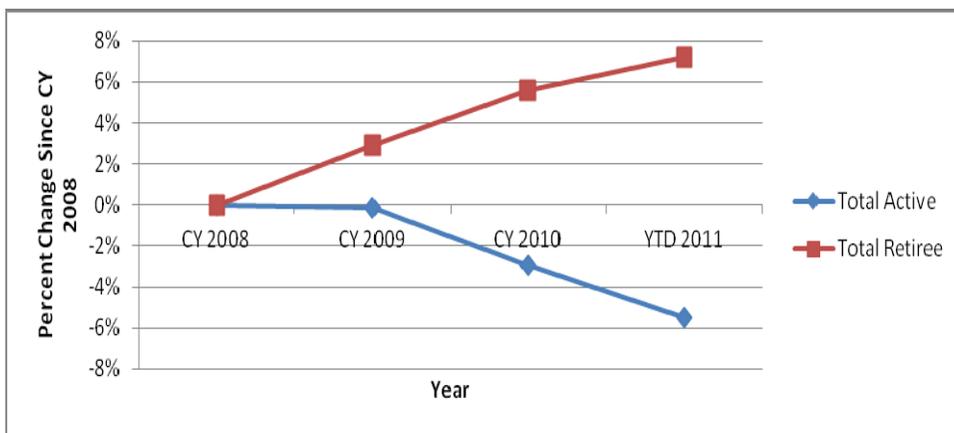
Per capita change is measured by taking claims paid for the time period and dividing by employee or retiree enrollment. This shows the average increase in claims cost by employee or retiree. Note that the retiree population for MCG is not large enough for the experience to be credible. In addition, the 2011 year to date information is also not credible since is a shortened time period.

MCG Enrollment Changes Since 2008



The MCPS active enrollment has grown by about 2% since 2008 while retirees enrollment has grown by about 6%.

MCG Enrollment Changes Since 2008



The MCG active enrollment has declined by about 6% since 2008 while retiree enrollment has increased by about 7%. This data reflects the change in the size of the MCG workforce.

Plan Design

The plans designs were valued using Aon's actuarial model and the results show that the MCPS Open POS plan and the MCG High POS plans have the same relative value. In addition, the MCPS and MCG HMO plans are also actuarially equivalent with the exception of the MCPS UHC HMO which has slightly less value than the other HMOs. Plan relative values can be found in the appendix.

Other plan design observations include:

- The MCPS prescription plan for active employees is richer than the MCG Standard plan which is the plan that the County uses to determine cost share. The County plan has a \$50 deductible and higher copays. The actuarial value between the plans shows that the MCPS plan is about 11% richer.
- The MCG High option prescription plans are more generous than the MCPS plan for active employees since the MCG plans cover brands drugs where there are no generic equivalents at the lowest copay level (\$4 or \$5). Since MCG bases its contribution on the Standard option plan this is only a cost issue for employees who buy up to the high level plans.

The POS and HMO plans offered by MCPS and MCG are very comparable since almost all in-network coverage levels are 100% payment after relatively low copays of \$5 or \$10.

- The MCG Emergency room copay is much less than MCPS (\$25 vs. \$100). MCPS increased their copay in 2011 to incent greater use of urgent care facilities instead of more costly emergency room.

APPENDIX

Per Member Cost Comparison by Plan

	Plan	Per Member Cost	Members	Projected 2012 Cost
MCPS	CF Blue Choice HMO	\$2,803	7,635	\$21,400,905
	CF Blue Choice POS	\$3,612	4,018	\$14,513,016
	UHC Select HMO	\$3,928	15,256	\$59,925,568
	UHC Select POS	\$4,582	13,915	\$63,760,501
	Kaiser*	\$4,843	8,228	\$39,846,702
	Caremark Rx	\$1,273	40,743	\$51,877,326
MCG	CF POS	\$3,869	14,015	\$54,226,430
	UHC HMO	\$3,996	4,276	\$17,088,135
	Kaiser*	\$4,911	2,678	\$13,150,672
	Caremark Rx	\$1,235	18,147	\$22,413,610

* Included Rx

Annual per member cost is based on projected claims and expenses for 2012 divided by number of employees and dependents in each plan. Costs reflect active experience only in order to normalize costs and compare MCPS and MCG without including retiree plan experience. For MCPS, the UHC Select POS includes the open and closed POS plans.

Actuarial Relative Value

	Plan	Medical	Rx - Active	Rx - Retiree
MCPS	CF Blue Choice HMO	0.84		
	CF Blue Choice POS	1.00		
	UHC Select HMO	0.83		
	UHC Select POS	1.00		
	Kaiser	0.84		
	Caremark Active		1.00	
	Caremark Retiree A			1.00
	Caremark Retiree B			0.92
MCG	CF POS	1.00		
	UHC HMO	0.84		
	Kaiser	0.84		
	Caremark Std		0.89	0.95
	Caremark 4/8			1.06
	Caremark 5/10			1.05

- Medical Plans in relation to MCPS Select POS
- Rx Plans in relation to MCPS Caremark

Plan Designs

MCPS
2012 Plan Provisions

	Kaiser Permanente HMO	UnitedHealthcare Select HMO	CareFirst BlueChoice HMO
Annual Deductible	None	None	None
Coinsurance	0%	0%	0%
Out-of-Pocket Maximum	N/A	N/A	N/A
Office Visits			
PCP	\$5 copay	\$5 copay	\$5 copay
Specialist	\$5 copay	\$5 copay	\$10 copay
Routine Physical Exam	Covered in full	Covered in full	Covered in full
Well Baby/Child Care	Covered in full (under age 5)	Covered in full	Covered in full
Immunizations	Covered in full	Covered in full	Covered in full
Lab Work and X-rays	Covered in full	Covered in full	Covered in full
Emergency Services			
Urgent Care Centers	\$5 copay	\$15 copay	\$10 copay
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Maternity Care			
Prenatal and Postnatal Care	\$5 copay, no charge once pregnancy is confirmed	\$5 copay first visit; covered in full thereafter per pregnancy	\$10 copay per visit; \$100 max copay per pregnancy
Hospital Services	Covered in full	Covered in full	Covered in full
Inpatient Hospital Services	Covered in full	Covered in full	Covered in full
Outpatient Surgery	\$50 copay	\$25 copay	Covered in full
Mental Health/Substance Abuse Services			
Inpatient Days	Covered in full	Covered in full	Covered in full
Outpatient Visits	\$5 copay	\$5 copay	\$5 copay
Other Services			
Home Health Care	Covered in full	Covered in full up to 60 visits	Covered in full
Hospice Care	Covered in full	Covered in full	Covered in full
Skilled Nursing Care	Covered in full up to 100 days	Covered in full up to 60 days	Covered in full
Durable Medical Equipment**	Covered in full	25%	25%
Vision	Vision screening available for children	Vision screening available for children	Vision screening available for children

* Excludes diabetic supplies.

**MCPS
2012 Plan Provisions**

	CareFirst BlueChoice POS		UnitedHealthcare Select Plus POS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None	\$300 Individual/ \$600 Family	None	\$300 Individual/ \$600 Family
Coinsurance	0%	20%	0%	20%
Out-of-Pocket Maximum	N/A	\$1,000 Individual/\$2,000 Family	N/A	\$1,000 Individual/\$2,000 Family
Office Visits				
PCP	\$10 copay	20% after deductible	\$10 copay	20% after deductible
Specialist	\$10 copay	20% after deductible	\$10 copay	20% after deductible
Routine Physical Exam	Covered in full	Not Covered	Covered in full	Not Covered
Well Baby/Child Care	Covered in full	20%, no deductible	Covered in full	20%, no deductible
Immunizations	Covered in full	20%, no deductible	Covered in full	20%, no deductible
Lab Work and X-rays	Covered in full	Diagnostic: 20% after deductible Routine: not covered	Covered in full	Diagnostic: 20% after deductible Routine: not covered
Emergency Services				
Urgent Care Centers	\$10 copay	20%, no deductible	\$10 copay	20% no deductible
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Maternity Care				
Prenatal and Postnatal Care	\$10 copay first visit, covered in full after	20% after deductible	\$10 copay first visit, covered in full after	20% after deductible
Hospital Services	Covered in full	20% after deductible	Covered in full	20% after deductible
Inpatient Hospital Services	Covered in full	20% after deductible, 180 days limit for semi-private room	Covered in full	20% after deductible, 180 day limit for semi-private room
Outpatient Surgery	\$10 copay	20% after deductible	\$10 copay	20% after deductible
Mental Health/Substance Abuse Services				
Inpatient Days	Covered in full	20% after deductible up to 180 days	Covered in full	20% after deductible (up to 180 days)
Outpatient Visits	\$10 copay	20% after deductible	\$10 copay	20% after deductible
Other Services				
Home Health Care	Covered in full (up to 60 visits combined with Skilled Nursing Care)	20% after deductible (up to 60 visits combined with Skilled Nursing Care)	Covered in full up to 60 visits/year	20% after deductible up to 60 visits/year
Hospice Care	Covered in full	20% after deductible	Covered in full	20% after deductible
Skilled Nursing Care	Covered in full (up to 60 visits combined with Home Health Care)	20% after deductible (up to 60 visits combined with Home Health Care)	Covered in full up to 60 visits/year	20% after deductible up to 60 visits/year
Durable Medical Equipment**	Covered in full	20% after deductible	Covered in full excluding Diabetic	20% after deductible excluding
Vision	Vision screening available for children	Vision screening available for children	Vision screening available for children	Vision screening available for children

* Excludes diabetic supplies.

**MCPS
2012 Plan Provisions**

	UnitedHealthcare Select Plus POS (Closed)	
	In-Network	Out-of-Network
Annual Deductible	None	\$200 Individual/ \$400 Family
Coinsurance	0%	20%
Out-of-Pocket Maximum	N/A	
Office Visits		
PCP	\$5 copay	20% after deductible
Specialist	\$5 copay	20% after deductible
Routine Physical Exam	Covered in full	Covered in full
Well Baby/Child Care	Covered in full	Covered in full
Immunizations	Covered in full	20%, no deductible
Lab Work and X-rays	Covered in full	Diagnostic: 20% after deductible Routine: not covered
Emergency Services		
Urgent Care Centers	\$5 copay	20% no deductible
Emergency Room	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Maternity Care		
Prenatal and Postnatal Care	\$5 copay first visit, covered in full after	10% after deductible
Hospital Services	Covered in full	10% after deductible
Inpatient Hospital Services	Covered in full	10% after deductible, 180 day limit for semi-private room
Outpatient Surgery	Covered in full	10% after deductible
Mental Health/Substance Abuse Services		
Inpatient Days	Covered in full	Covered in full after deductible (up to 180 days)
Outpatient Visits	Visits 1-5: You pay 0% Visits 6+: You pay 20%	Visits 1-30: 20% after deductible Visits 31+: 50% after deductible
Other Services		
Home Health Care	Covered in full	10% after deductible
Hospice Care	Covered in full (360 days lifetime in-and-out-of-network)	10% after deductible (360 days lifetime in-and-out-of-network)
Skilled Nursing Care	Covered in full (up to 40 visits in-and-out-of-network)	10% after deductible (up to 40 visits in-and-out-of-network)
Durable Medical Equipment**	Covered in full excluding Diabetic	20% after deductible excluding
Vision	Vision screening available for children	Vision screening available for children

* Excludes diabetic supplies.

**MCPS
2012 Plan Provisions**

	UnitedHealthcare Medicare Supplemental Indemnity	CareFirst BlueChoice ¹	UnitedHealthcare Select ¹	Kaiser Permanente Medicare Plus ¹
Durable Medical Equipment	Pays the Medicare Part B deductible, 20% Medicare coinsurance (Covered in full)	Pays the Medicare Part B deductible, 20% Medicare coinsurance, up to 75% of the allowed charge	Pays the Medicare Part B deductible, 20% Medicare coinsurance, up to 75% of the allowed charge	Pays the Medicare Part B deductible, 20% Medicare coinsurance (Covered in full)
Hospice Care (Prescription coverage through Caremark)	Pays the 5% Medicare coinsurance inpatient respite care	Pays the 5% Medicare coinsurance inpatient respite care	Pays the 5% Medicare coinsurance inpatient respite care	Hospice care is provided under Medicare.
Medical Expenses: Surgery, X-Ray/Lab, ER treatment within 72 hours of inpatient hospital visit.	Pays the Medicare Part B deductible, 20% Medicare coinsurance (Covered in full)	Pays the Medicare Part B deductible and 20% Medicare coinsurance, after \$5 copay for routine illness and \$10 copay for specialist visits (after \$100 copay for emergency room visit, waived if admitted).	Pays the Medicare Part B deductible and 20% Medicare coinsurance, after \$5 copay for routine illness and specialist visits (after \$100 copay for emergency room visit, waived if admitted).	Pays the Medicare Part B deductible and 20% Medicare coinsurance, after \$5 copay for routine illness and specialist visits (after \$100 copay for emergency room visit, waived if admitted).
Outpatient Hospital Treatment	Pays the Medicare Part B deductible and 20% Medicare coinsurance (Covered in full) Covers yearly mammograms, pap smears at a 100%. All vaccinations approved by Medicare	Pays the Medicare Part B deductible, 20% Medicare coinsurance after \$25 copay	Pays the Medicare Part B deductible and 20% Medicare coinsurance after \$25 copay	Pays the Medicare Part B deductible, and 20% Medicare coinsurance (Covered in full)
Preventive Care ²		Covered in full after \$5 co-pay	Covered in full after the \$5 copay	Covered in full after \$5 copay

¹ HMOs provide standard benefit package. Reimbursement is obtained from Medicare up to the limits shown.

² Some preventive care services are covered by Medicare with \$0 copays.

MCG

2012 Plan Provisions

	Kaiser Permanente HMO		UnitedHealthcare HMO		CareFirst BlueCross BlueShield POS In Service Area	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None	None	None	None	None	\$300 Individual/\$600 Family
Coinsurance	0%	0%	0%	0%	0%	20%
Out-of-Pocket Maximum	N/A	\$1,100 per individual up to a cap of \$3,600 for a family			N/A	\$1,000 per Individual
Office Visits						
PCP	\$5 copay	\$5 copay	\$5 copay	\$5 copay	High Option: \$10 copay Standard Option: \$15 copay	20% after deductible
Specialist	\$5 copay	\$5 copay	\$10 copay	\$10 copay	High Option: \$10 copay Standard Option: \$30 copay	20% after deductible
Routine Physical Exam	\$5 copay	\$5 copay	\$5 copay PCP	\$5 copay PCP	High Option: \$10 copay Standard Option: \$15 PCP/\$30 Specialist copay	20% after deductible (limit 1/year)
Well Baby/Child Care	Covered in full up to age 5	Covered in full up to age 5	\$5 copay PCP	\$5 copay PCP	High Option: \$10 copay Standard Option: \$15 copay	20%, no deductible up to age 18
Immunizations	\$5 copay; Included in well child care visits up to age 5 at no charge	\$5 copay; Included in well child care visits up to age 5 at no charge	\$5 copay PCP	\$5 copay PCP	Covered in full	20% after deductible
Lab Work and X-rays	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	20% after deductible
Emergency Services						
Urgent Care Centers	\$5 copay	\$5 copay	\$15 copay	\$15 copay		
Emergency Room	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)	\$25 copay for true emergency (waived if admitted)	\$25 copay for true emergency (waived if admitted)	High Option: \$25 copay (waived if admitted) Standard Option: \$35 copay (waived if admitted)	20% after deductible
Maternity Care						
Prenatal and Postnatal Care	Covered in full once pregnancy is diagnosed	Covered in full once pregnancy is diagnosed	Covered in full after 1st visit	Covered in full after 1st visit	High Option: \$10 copay for 1st visit; Covered in full for remaining visits Standard Option: \$30 copay for 1st visit; Covered in full for remaining visits	20% after deductible
Hospital Services	Covered in full	Covered in full	Covered in full	Covered in full	High Option: Covered in full Standard Option: \$150 copay per admission	20% after deductible
Inpatient Hospital Services	Covered in full	Covered in full	Covered in full	Covered in full	High Option: Covered in full Standard Option: \$150 copay per admission	20% after deductible
Outpatient Surgery	Covered in full	Covered in full	\$25 copay for true emergency (waived if admitted)	\$25 copay for true emergency (waived if admitted)	Covered in full	20% after deductible

MCG
2012 Plan Provisions

	Kaiser Permanente HMO	UnitedHealthcare HMO	CareFirst BlueCross BlueShield POS In Service Area	
			In-Network	Out-of-Network
Mental Health/Substance Abuse Services				
Inpatient Days	Covered in full	Covered in full	Covered in full	20% after deductible
Outpatient Visits	\$20 copay per individual visit; \$10 copay per group visit	20% for visits 1-5; 35% for visits 6-30; 50% thereafter; all visits subject to deductible	Covered in full for visits 1-5; 30% after deductible thereafter	20% for visits 1-5; 35% for visits 6-30; 50% thereafter; all visits subject to deductible
Other Services				
Home Health Care	Covered in full if medically necessary	Covered in full up to 60 visits/year	Covered in full up to 90 visits/year	20% after deductible (90 visits/year)
Hospice Care	Covered in full	Covered in full	Covered in full	20% after deductible
Skilled Nursing Care	Covered in full up to 100 days/year	Covered in full up to 60 days/year	Covered in full up to 100 days/year	20% after deductible up to 100 days/year
Durable Medical Equipment	Basic - Covered in full (Oxygen equipment - No charge for 1st 3 months then 50% of allowable charge thereafter) \$5 copay for exams; 25% discount on lenses/frames at Kaiser centers; 15% discount off the cost of contact lenses.	50%	Covered in full	20% after deductible
Vision (Routine)		\$25 copay/exam; 15%-20% discount through participating optical centers	Refraction not covered; (pediatric visual screening - covered in full under well child care)	Refraction not covered (pediatric visual screening - 20%, no deductible under well child care)

MCG
2012 Plan Provisions

	CareFirst BlueCross BlueShield POS Out of Area		CareFirst BlueCross BlueShield Indemnity
	In-Network	Out-of-Network	
Annual Deductible	None	\$250 Individual/\$500 Family	\$200 Individual/\$400 Family
Coinsurance	0%	20%	20%
Out-of-Pocket Maximum	\$1,000 Individual/\$2,000 Family	\$2,000 Individual/\$4,000 Family	\$1,000 Individual/\$2,000 Family
Office Visits			
PCP	High Option: \$10 copay Standard Option: \$15 copay	20% after deductible	20% after deductible
Specialist	High Option: \$10 copay Standard Option: \$30 copay	20% after deductible	20% after deductible
Routine Physical Exam	High Option: \$10 copay Standard Option: \$15 PCP/\$30 Specialist copay	20% after deductible (limit 1/year)	Allowance of \$75/exam every 2 years; balance is paid at 20% after deductible
Well Baby/Child Care	High Option: \$10 copay Standard Option: \$15 copay	20%, no deductible up to age 18	Covered in full (including related lab tests and X-rays) up to age 18.
Immunizations	Covered in full when billed with office visit	20% after deductible	Allowance of \$15/immunization to a maximum of \$45/year; balance paid at 20% after deductible
Lab Work and X-rays	Covered in full	20% after deductible	Covered in full up to \$500 for services related to an illness in a calendar year (there is a separate limit of \$500 for services related to an accident in a calendar year); 20% for services in excess of the \$500 limit for either an illness or an accident in a calendar year
Emergency Services			
Urgent Care Centers			
Emergency Room	\$50 copay (waived if admitted)	20% after deductible	Covered in full for true emergency; 20% after deductible for illness
Maternity Care			
Prenatal and Postnatal Care	High Option: Covered in full Standard Option: \$30 copay for 1st visit; Covered in full afterwards	20% after deductible	Covered in full up to amount allowed by plan
Hospital Services	High Option: Covered in full Standard Option: \$150 copay per admission	20% after deductible	Covered in full
Inpatient Hospital Services	High Option: Covered in full Standard Option: Covered in full after \$150 copay per admission	20% after deductible	Covered in full up to 180 days per confinement
Outpatient Surgery	Covered in full	20% after deductible	Covered in full up to amount allowed by plan

MCG
2012 Plan Provisions

	CareFirst BlueCross BlueShield POS		CareFirst BlueCross BlueShield Indemnity
	In-Network	Out-of-Network	
Mental Health/Substance Abuse Services			
Inpatient Days	Covered in full	20% after deductible	Covered in full up to 180 days
Outpatient Visits	Covered in full for visits 1-5; 20% for visits 6-30; 50% thereafter; all visits subject to deductible	20% for visits 1-5; 35% for visits 6-30; 50% thereafter; all visits subject to deductible	20% after deductible
Other Services			
Home Health Care	Covered in full up to 40 visits/year	20% after deductible up to 40 visits/year	Covered in full; 40 visits maximum/calendar year.
Hospice Care	Covered in full	20% after deductible	Covered in full; \$5,000 maximum.
Skilled Nursing Care	Covered in full up to 60 days/year	20% after deductible up to 60 days/year	\$30/day, up to 360 days per calendar year; \$10,800 calendar year maximum.
Durable Medical Equipment			20% after deductible
Vision (Routine)	Refraction not covered (pediatric visual screening – covered in full under well child care)	Refraction not covered (pediatric visual screening – 20%, no deductible under well childcare)	Not Covered

MCG
2012 Plan Provisions

	CareFirst BlueCross BlueShield Indemnity Carve-out Plan (PG50)	CareFirst BlueCross BlueShield Indemnity Supplemental Plan (PG51)	CareFirst BlueCross BlueShield POS Plan (PG52)/PPO (PG55)
Hospitalization			
Days 1–60	Pays Part A deductible (Covered in full)	Pays Part A deductible (Covered in full)	Pays Part A deductible (Covered in full)
Days 61–90	Pays Part A deductible (Covered in full)	Pays Part A deductible (Covered in full)	Pays Part A deductible (Covered in full)
Days 91–150	Pays 100% of eligible hospital expenses after Medicare until 180th day	Pays 100% of eligible hospital expenses after Medicare until 180th day	Pays 100% of eligible hospital expenses after Medicare until 180th day
Days 151+	Pays nothing after 180 days	Pays nothing after 180 days	Covered in full
Post-Hospital Skilled Nursing Facility Care			
Days 1–20	Pays nothing. Covered 100% by Medicare.	Pays nothing. Covered 100% by Medicare.	Pays nothing. Covered 100% by Medicare.
Days 21–100	Pays up to \$95 a day	Pays up to \$95 a day	Pays up to \$95 a day
Hospice Care	Pays nothing. Covered 100% by Medicare.	Pays nothing. Covered 100% by Medicare.	Pays nothing. Covered 100% by Medicare.
Medical Expenses			
Surgery	Pays the first \$500 at 100% for the treatment illness and injury. In excess of \$500, pays \$131 Part B deductible. Pays the balance of medical charges to the BCBS up allowable charge. Subject to the \$200 calendar year deductible	Pays the first \$500 at 100% for the treatment of an illness and injury. In excess of the \$500, pays the \$131 Part B deductible and 20%.	Pays the first \$500 at 100% for the treatment of an illness and injury. In excess of the \$500, pays the \$131 Part B deductible and 20%.
Acupuncture	Pays nothing	Pays nothing	Subject to normal group benefits
Diagnostic X-ray/Labs Service	Pays the first \$500 at 100% for the treatment of an illness and injury. In excess of the \$500, pays the \$131 Part B deductible. Pays the balance of medical charges up allowable charge. Subject to the \$200 calendar year deductible	Pays the first \$500 at 100% for the treatment of an illness and injury. In excess of the \$500, pays the \$131 Part B deductible and 20%.	Pays the first \$500 at 100% for the treatment of an illness and injury. In excess of the \$500, pays the \$131 Part B deductible and 20%.
Outpatient Hospital Treatment	Pays the 20% coinsurance. Subject to the \$200 calendar year deductible. For emergency room treatment within 72 hours of an accident or surgery	Pays the \$131 Part B deductible and 20% coinsurance for emergency room treatment within 72 hours of an accident or surgery (Covered in full)	Pays the \$131 Part B deductible and 20% coinsurance (Covered in full)
Preventive Care (Prostate Cancer Screening, Mammograms and Pap smears)	Pays the 20% coinsurance, subject to the \$200 calendar year deductible	Pays the \$131 Part B deductible and 20% coinsurance (Covered in full)	Pays the \$131 Part B deductible and 20% coinsurance (Covered in full)
Adult Physical (Limit 1/year)	Pays the 20% coinsurance, subject to the \$200 calendar year deductible	Pays the \$131 Part B deductible and 20% coinsurance (Covered in full)	Pays the \$131 Part B deductible and 20% coinsurance (Covered in full)

WSSC

2012 Plan Provisions

	UnitedHealthcare Select HMO		Kaiser Permanente HMO		UnitedHealthcare Choice Plus POS	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None	None	None	None	None	\$250 Individual \$500 Family.
Coinsurance	0%	0%	0%	0%	0%	30%
Out-of-Pocket Maximum	\$1,100 Individual \$3,600 Family		N/A	N/A	N/A	\$2,250 Individual \$4,500 Family.
Office Visits						
PCP	\$20 copay	\$20 copay	\$15 copay; waived for children under age 5	\$20 copay	\$20 copay	30% after deductible
Specialist	\$25 copay	\$25 copay	\$20 copay	\$25 copay	\$25 copay	30% after deductible
Routine Physical Exam	\$20 copay	\$20 copay	Covered in full	Covered in full	\$20 co-pay	30% after deductible
Well Baby/Child Care	\$20 copay	\$20 copay	Covered in full	Covered in full	\$20 co-pay	30%, no deductible
Immunizations	\$20 copay	\$20 copay	Covered in full	Covered in full	\$20 co-pay	30% after deductible; deductible does not apply to children under age 18
Lab Work and X-rays	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	30% after deductible
Emergency Services						
Urgent Care Centers	\$20 copay.	\$20 copay.	\$20 copay.	\$20 copay.	\$20 copay.	Covered at 100% after \$20 copay.
Emergency Room	\$75 copay (waived if admitted)	\$75 copay (waived if admitted)	\$75 copay	\$75 copay	\$75 copay (waived if admitted)	\$75 copay (waived if admitted)
Maternity Care						
Prenatal and Postnatal Care	Covered in full after the 1st visit to applicable PCP.	Covered in full after the 1st visit to applicable PCP.	Covered in full after 1st visit \$20 copay	Covered in full after 1st visit \$20 copay	Covered in full after the 1st visit to applicable PCP.	30% after deductible
Hospital Services	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	30% after deductible
Inpatient Hospital Services	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	30% after deductible
Outpatient Surgery	Covered in full	Covered in full	\$20 copay	\$20 copay	Covered in full	30% after deductible
Mental Health/Substance Abuse Services						
Inpatient Days	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	30% after deductible
Outpatient Visits	\$25 copay	\$25 copay	\$20 copay per individual visit; \$15 copay per group visit	\$20 copay per individual visit; \$15 copay per group visit	\$10 copay	Covered at 70% of Plan Allowance after deductible.
Other Services						
Home Health Care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full up to 120 visits/year	30% after deductible up to 120 visits/year
Hospice Care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full up to 180 days/lifetime	30% after deductible up to 180 days/lifetime
Skilled Nursing Facility	Covered in full up to 60 days/year	Covered in full up to 60 days/year	Covered in full when deemed medically necessary up to 100 days/year	Covered in full when deemed medically necessary up to 100 days/year	Covered in full up to 60 days/year	30% after deductible up to 60 days/year
Durable Medical Equipment	Covered in full	Covered in full	Covered in full when deemed medically necessary	Covered in full when deemed medically necessary	Covered in full up to \$2,500/year	30% after deductible up to \$2,500/year
Vision (Routine)	\$25 copay for eye refraction exam every 12 months. Discounts available on lenses, frames and laser vision correction	\$25 copay for eye refraction exam every 12 months. Discounts available on lenses, frames and laser vision correction	\$20 copay; 25% discount on eyeglasses and 15% initial fitting and purchase discount on contact lenses	\$20 copay; 25% discount on eyeglasses and 15% initial fitting and purchase discount on contact lenses	\$25 copay for eye refractive exam every 12 months; Discounts on lenses and frames at participating providers	30% after deductible; One eye exam every 12 months

WSSC

2012 Plan Provisions

	UnitedHealthcare PPO Medicare Supplemental	Kaiser Medicare Plus w/Rx
Doctor and Hospital Choice	You may choose any doctor or hospital that accepts Medicare	You may choose any Kaiser Permanente network doctor, specialist, and participating hospital. Specialty care may require a referral from your Primary Care Physician
Annual Physical	Covered in full	Covered in full after \$15 copay
Inpatient Hospital Care	Plan pays 100% of covered charges remaining after Medicare	Unlimited days for a Medicare covered stay in network hospital are covered in full after \$100 copay
Doctor's Office Visits	Plan pays 100% of covered charges remaining after Medicare	\$15 copay
Diagnostic Tests, X-rays & Lab Services	Plan pays 100% of covered charges remaining after Medicare	\$15 copay for radiation therapy; no charge for X-Rays, lab services, or diagnostic tests
Emergency Room Services	Plan pays 100% of covered charges remaining after Medicare	\$75 copay (waived if admitted)
Durable Medical Equipment	Plan pays 100% of covered charges remaining after Medicare. Prior notification required	Covered in full through participating providers
Vision Services	Plan pays 100% for a refractive eye examination every other calendar year; hardware (frames, lenses, etc) are excluded	\$15 copay for eye exam; discounts on frames, lenses and contact lenses
Primary Insurance	Medicare: Parts A & B	Kaiser Permanente
Secondary Insurance	United Healthcare	Medicare: Parts A, B & D

MC

2012 Plan Provisions

	CIGNA PPO		CIGNA POS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$300 Individual/None Family	\$300 Individual/None Family	\$250 Individual/None Family	\$500 Individual /None Family
Coinsurance	20%	30\$	10%	30%
Out-of-Pocket Maximum	Includes Plan Deductible \$2,000 Individual/None Family	Includes Plan Deductible \$2,000 Individual/None Family	\$1,750 Individual/\$5,250 Family	\$3,500 Individual/\$10,500 Family
Office Visits				
PCP	20% after deductible	30% after deductible	\$15 copay	30% after deductible
Specialist	20% after deductible	30% after deductible	\$25 copay	30% after deductible
Routine Physical Exam	20%, no deductible	30%, no deductible	No charge	30% after deductible
Well Baby/Child	20%, no deductible	30%, no deductible	No charge	30% after deductible
Immunizations	Adult: 20%, no plan deductible Child: Covered in full	30% after deductible	No charge	30% after deductible
Lab Work and X-rays	20% after deductible	30% after deductible	10% after deductible	30% after deductible
Emergency Services				
Urgent Care Centers	20% after deductible	20% after deductible	\$50 copay	\$50 copay
Emergency Room	20% after deductible	20% after deductible	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Maternity Care Services				
Prenatal and Postnatal Care	20% after deductible	30% after deductible	\$15/\$25 for initial visit; Covered in full after initial visit	30% after deductible
Hospital	\$250 copay plus 20% after deductible	\$250 deductible per admission plus 30% after deductible	\$250 copay	30% after deductible
Inpatient Hospital Services	\$250 copay plus 20% after deductible	\$250 deductible per admission plus 30% after deductible	10% after deductible	30% after deductible
Outpatient Surgery	20% after deductible	30% after deductible	10% after deductible	30% after deductible
Mental Health/Substance Abuse Services				
Inpatient Days	\$250 copay plus 20% after deductible	\$250 deductible per admission plus 30% after deductible	10% after deductible	30% after deductible
Outpatient Visits	20% after deductible	30% after deductible	Covered in full	30% after deductible
Other Services				
Home Health Care	Covered in full for visits 1-60; 20% after deductible thereafter; Unlimited days maximum/year; 16 hour maximum/day	30% after deductible	Covered in full	30% after deductible up to 40 days/year
Hospice Care	20% after deductible	30% after deductible	Covered in full	30% after deductible
Skilled Nursing Facility	20% after deductible up to 60 days/year	30% after deductible up to 60 days/year	10% after deductible up to 60 days/year	305 after deductible up to 60 days/year
Durable Medical Equipment	20% after deductible	30% after deductible	Covered in full Unlimited calendar year maximum	30% after deductible Unlimited calendar year maximum
Vision (Routine)	Not Covered	Not Covered	\$5 copay; Exam every 12 months; Allowance: \$20 Single lens, \$30 Bifocal, \$40 Trifocal, \$75 Lenticular, \$30 Frames, \$75 Contact lenses	Not Covered

MC

2012 Plan Provisions

	Kaiser Permanente HMO		CIGNA CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None		\$1,200 Individual/\$2,400 2-Party/\$3,000 Family	\$1,200 Individual/\$2,400 2-Party/\$3,000 Family
Coinsurance	0%		90%	70%
Out-of-Pocket Maximum	\$3,500 Individual/\$9,400 Family		\$1,700 Individual/\$3,000 2-Party/\$3,800 Family	\$3,000 Individual/\$4,500 2-Party/\$6,000 Family
Office Visits				
PCP	\$15 copay (waived for children under age 5)		10% after deductible	30% after deductible
Specialist	\$30 copay		10% after deductible	30% after deductible
Routine Physical Exam	Covered in full		Covered in full	30% after deductible
Well Baby/Child	Covered in full		Covered in full	30% after deductible
Immunizations	Covered in full		Covered in full	30% after deductible
Lab Work and X-rays	Covered in full		10% after deductible	30% after deductible
Emergency Services				
Urgent Care Centers	\$30 copay		10% after deductible	10% after deductible
Emergency Room	\$75 copay		10% after deductible	10% after deductible
Maternity Care Services				
Prenatal and Postnatal Care	Covered in full after initial visit		10% after deductible	30% after deductible
Hospital	\$100 copay		10% after deductible	30% after deductible
Inpatient Hospital Services	\$100 copay		10% after deductible	30% after deductible
Outpatient Surgery	\$30 copay		10% after deductible	30% after deductible
Mental Health/Substance Abuse Services				
Inpatient Days	\$100 copay		10% after deductible	30% after deductible
Outpatient Visits	\$20 copay per individual visit; \$10 copay per group visit		10% after deductible	30% after deductible
Other Services				
Home Health Care	Covered in full (limited to 2 hour/visit; Intermittent care shall not exceed 3 visits in one day)		10% after deductible	30% after deductible
Hospice Care	Covered in full		10% after deductible	30% after deductible
Skilled Nursing Facility	\$100 copay up to 100 days/year		10% after deductible	30% after deductible
Durable Medical Equipment	Basic - Covered in full (Oxygen equipment - No charge for 1st 3 months then 50% of allowable charge thereafter)		10% after deductible	30% after deductible
Vision (Routine)	\$15 per visit with Optometrist \$30 per visit with Ophthalmologist; 25% discount off retail price of frames; 15% discount off retail price of initial pair of contacts only		Not Covered	Not Covered

M-NCPPC
2012 Plan Provisions

	CIGNA HMO		UnitedHealthcare HMO		UnitedHealthcare POS	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None	None	None	None	None	\$250 Individual/\$500 Individual+1/ \$600 Family
Coinsurance	0%	0%	0%	0%	0%	20%
Out-of-Pocket Maximum	\$1,500 Individual/\$3,000 Family	\$1,100 Individual/\$3,600 Family	\$1,100 Individual/\$3,600 Family	\$600 Individual/\$1,200 Individual+1/ \$1,800 Family	\$600 Individual/\$1,200 Individual+1/ \$1,800 Family	\$600 Individual/\$1,200 Individual+1/ \$1,800 Family
Office Visits						
PCP	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	20% after deductible
Specialist	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	20% after deductible
Routine Physical Exam	\$10 copay (1 exam every 24 months for ages 18-64; 1 exam every 12 months for ages 65+)	\$10 copay	\$10 copay	\$10 copay	\$10 copay	20% after deductible (maximum benefit of \$100/year)
Well Baby/Child Care	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	20%
Immunizations	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	20% after deductible
Lab Work and X-rays	\$10 copay	Covered in full	Covered in full	\$10 copay	\$10 copay	20% after deductible
Emergency Services						
Urgent Care Centers	\$35 copay	\$15 copay	\$15 copay	\$10 copay	\$10 copay	20% after deductible
Emergency Room	\$35 copay	\$35 copay	\$25 copay (waived if admitted)	\$35 copay (waived if admitted)	\$35 copay (waived if admitted)	\$35 copay (waived if admitted)
Maternity Care						
Prenatal and Postnatal Care	\$10 copay first visit, covered in full after	\$10 copay first visit, covered in full after	\$10 copay first visit, covered in full after	\$10 copay first visit, covered in full after	\$10 copay first visit, covered in full after	20% after deductible
Hospital Services	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	20% after deductible + separate \$100 inpatient deductible
Inpatient Hospital Services						
Outpatient Surgery	Covered in full	Covered in full	Covered in full	Covered in full	\$10 copay	20% after deductible + separate \$100 inpatient deductible
Mental Health/Substance Abuse Services						
Inpatient Days	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	20% after deductible + separate \$100 inpatient deductible
Outpatient Visits	Visits 1-5: \$15 copay Visits 6-30: \$25 copay Visits 31+: \$35 copay	Visits 1-5: 20% Visits 6-30: 35% Visits 31+: 50%	Visits 1-5: 20% Visits 6-30: 35% Visits 31+: 50%	Visits 1-5: \$15 copay Visits 6-30: \$25 copay Visits 31+: \$35 copay	Visits 1-5: \$15 copay Visits 6-30: \$25 copay Visits 31+: \$35 copay	Visits 1-5: 20% after deductible Visits 6-30: 35% after deductible Visits 31+: 50% after deductible
Other Services						
Home Health Care	Covered in full	Covered in full up to 60 visits/year	Covered in full up to 60 visits/year	Covered in full up to 90 visits/year	Covered in full up to 90 visits/year	20% after deductible up to 90 visits/year
Hospice Care	Covered in full	Covered in full up to 360 days lifetime maximum	Covered in full up to 360 days lifetime maximum	Covered in full, lifetime maximum benefit of \$10,000	Covered in full, lifetime maximum benefit of \$10,000	20% after deductible, lifetime maximum benefit of \$10,000
Skilled Nursing Care	Covered in full	Covered in full up to 60 days/year	Covered in full up to 60 days/year	Covered in full up to 100 days/year	Covered in full up to 100 days/year	20% after deductible up to 100 days/year + separate \$100/admission deductible
Durable Medical Equipment*	Covered in full	Covered in full	50%	Covered in full up to \$4,000	Covered in full up to \$4,000	20% after deductible (maximum benefit of \$4,000/year)
Vision	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

* Excludes diabetic supplies.

M-NCPPC 2012 Plan Provisions

UnitedHealthcare Medicare Complement

The Medicare complement plan is designed to pay your deductibles, co-pays and coinsurances that are not covered by Medicare. Basically, you pay nothing for covered services. If a service is not covered by Medicare, it is not covered by the Medicare Complement plan. Examples of services covered by other Commission plans that are not covered by Medicare include routine physical exams, the tests directly related to these exams and most vaccinations.

Coverage should pay at 100% covering all Medicare Part A and Part B deductibles and all coinsurance. Medicare denied charges should not be covered other than those emergency care charges incurred while you are out of the country. These out-of-country claims should be paid based on charges. If you exhaust a Medicare benefit, there is no further benefit in the Medicare Complement plan. If you are Medicare eligible and live outside of the United States, you must return to the United States to seek routine treatment, in order for a benefit to be available.

There is no prescription coverage in the Medicare Complement Plan. In order to obtain prescription coverage, you will need to enroll in the Commission's prescription plan or the federal Medicare Part D plan.

Premium Rates

MCPS 2011 Enrollment by Plan and Tier

	Actives	Retirees U65	Retirees O65	Total
UHC Select HMO				
Single	1,546	182	603	2,331
Employee + One	1,588	158	461	2,207
Family	2,702	32	205	2,939
Total	5,836	372	1,269	7,477
CareFirst BlueChoice HMO				
Single	973	72	60	1,105
Employee + One	635	76	54	765
Family	1,333	33	39	1,405
Total	2,941	181	153	3,275
Kaiser HMO				
Single	1,021	102	365	1,488
Employee + One	841	74	256	1,171
Family	1,406	54	90	1,550
Total	3,252	230	711	4,193
UHC Closed POS (High Option)				
Single	251	162		413
Employee + One	234	78		312
Family	168	20		188
Total	652	260		912
UHC Open POS (Standard Option)				
Single	1,435	210		1,645
Employee + One	1,107	191		1,298
Family	2,346	58		2,404
Total	4,887	459		5,346
CareFirst BlueChoice POS				
Single	527			527
Employee + One	342			342
Family	677			677
Total	1,546			1,546
UHC Indemnity				
Single		269	5,241	5,510
Employee + One		19	0	19
Family		24	0	24
Total		312	5,241	5,553
Caremark Prescription Drug				
		Plan A	Plan B	
Single	4,696	2,337	1,498	8,531
Employee + One	3,913	1,301	1,442	6,656
Family	7,210	79	95	7,384
Total	15,820	3,717	3,035	22,572

MCG 2011 Enrollment by Plan and Tier

	Actives	Retirees U65	Retirees O65	Total
UHC Select HMO				
Single	452	147	92	691
Employee + One	392	204	96	692
Family	761	105	6	872
Total	1,605	456	194	2,255
Kaiser HMO				
Single	457	61	46	564
Employee + One	255	44	45	344
Family	437	32	5	474
Total	1,149	137	96	1,382
CareFirst High Option POS				
Single	1,582	504	588	2,674
Employee + One	1,182	607	601	2,390
Family	2,278	295	20	2,593
Total	5,042	1,406	1,209	7,657
CareFirst Standard Option POS				
Single	154	23	52	229
Employee + One	98	23	43	164
Family	139	14	3	156
Total	391	60	98	549
CareFirst Indemnity				
Single		65	492	557
Employee + One		54	312	366
Family		14	10	24
Total		133	814	947
Caremark Standard Option				
Single	813	185	151	1,149
Employee + One	642	243	220	1,105
Family	1,522	153	10	1,685
Total	2,977	581	381	3,939
Caremark High Option \$4/\$8				
Single	879			879
Employee + One	682			682
Family	1,018			1,018
Total	2,579			2,579
Caremark High Option \$5/\$10				
Single	467	478	574	1,519
Employee + One	337	593	525	1,455
Family	608	259	18	885
Total	1,412	1,330	1,117	3,859

M-NCPPC 2011 Enrollment by Plan and Tier

	Actives	Retirees U65	Retirees O65	Total
CIGNA HMO				
Single	116	25	14	155
Employee + One	78	24	16	118
Family	120	11	0	131
Total	314	60	30	404
UHC HMO				
Single	174	29	39	242
Employee + One	125	52	48	225
Family	183	19	0	202
Total	482	100	87	669
UHC ChoicePlus POS				
Single	390	78		468
Employee + One	249	106		355
Family	408	40		448
Total	1,047	224		1,271
UHC Medicare Complement				
Single			184	184
Employee + One			168	168
Family			3	3
Total			355	355
Caremark Rx				
Single	670	134	236	1,040
Employee + One	427	186	235	848
Family	710	72	6	788
Total	1,807	392	477	2,676

WSSC 2011 Enrollment by Plan and Tier

	Actives	Retirees U65	Retirees O65	Total
CareFirst HMO				
Single	111	79	55	245
Employee + One	88	50	33	171
Family	163	22		185
Total	362	151	88	601
CareFirst PPO				
Single	56	50	109	215
Employee + One	29	24	44	97
Family	66	8		74
Total	151	82	153	386
Kaiser HMO				
Single	92	46	41	179
Employee + One	52	27	15	94
Family	110	13		123
Total	254	86	56	396
UHC HMO				
Single	96	100		196
Employee + One	117	67		184
Family	180	23		203
Total	393	190	0	583
UHC POS				
Single	62	66		128
Employee + One	50	32		82
Family	68	12		80
Total	180	110	0	290
UHC Medicare Supplement				
Single			271	271
Employee + One			142	142
Family			0	0
Total	0	0	413	413

MC 2011 Enrollment by Plan and Tier

	Actives	Retirees U65	Retirees O65	Total
CIGNA PPO				
Single	146	44	232	422
Employee + One	0	12	0	12
Family	133	3	94	230
Total	279	59	326	664
CIGNA POS				
Single	255	10	0	265
Employee + One	0	4	0	4
Family	414	3	0	417
Total	669	17	0	686
Kaiser HMO				
Single	217	7		224
Employee + One	0	2		2
Family	227	1		228
Total	444	10	0	454

2012 Active HMO Premium Equivalents/ Fully- Insured Rates by Agency

Agency	Provider		2012 Rates	EE %	EE Contributions	ER Contributions
MCPS	UHC	UHC Select HMO				
		Single	\$388.70	5%	\$19.44	\$369.26
		Employee + One	\$730.59	5%	\$36.53	\$694.06
		Family	\$1,196.95	5%	\$59.85	\$1,137.10
MCPS	CareFirst	CareFirst BlueChoice HMO				
		Single	\$293.24	5%	\$14.66	\$278.58
		Employee + One	\$551.14	5%	\$27.56	\$523.58
		Family	\$902.95	5%	\$45.15	\$857.80
MCPS	Kaiser	Kaiser HMO				
		Single	\$422.08	5%	\$21.10	\$400.98
		Employee + One	\$841.05	5%	\$42.05	\$799.00
		Family	\$1,218.11	5%	\$60.91	\$1,157.20
MCG	UHC	UHC Select HMO				
		Single	\$403.60	20%	\$80.72	\$322.88
		Employee + One	\$775.88	20%	\$155.18	\$620.70
		Family	\$1,233.43	20%	\$246.69	\$986.74
MCG	Kaiser	Kaiser HMO*				
		Single	\$494.03	20%	\$98.81	\$395.22
		Employee + One	\$928.77	20%	\$185.75	\$743.02
		Family	\$1,462.32	20%	\$292.46	\$1,169.86
M-NCPPC	CIGNA	CIGNA HMO				
		Single	\$476.00	15%	\$71.40	\$404.60
		Employee + One	\$952.00	15%	\$142.80	\$809.20
		Family	\$1,428.00	15%	\$214.20	\$1,213.80
M-NCPPC	UHC	UHC Select HMO				
		Single	\$373.00	15%	\$55.95	\$317.05
		Employee + One	\$746.00	15%	\$111.90	\$634.10
		Family	\$1,119.00	15%	\$167.85	\$951.15
WSSC	Kaiser	Kaiser HMO*				
		Single	\$465.00	20%	\$93.00	\$372.00
		Employee + One	\$930.00	20%	\$186.00	\$744.00
		Family	\$1,408.00	20%	\$281.60	\$1,126.40
WSSC	UHC	UHC HMO*				
		Single	\$577.00	20%	\$115.40	\$461.60
		Employee + One	\$1,155.00	20%	\$231.00	\$924.00
		Family	\$1,680.00	20%	\$336.00	\$1,344.00
MC	Kaiser	Kaiser HMO*				
		Single	\$384.20	25%	\$96.05	\$288.15
		Family	\$1,037.33	25%	\$259.33	\$778.00

* Includes prescription drugs

2012 Retiree HMO Premium Equivalents/ Fully- Insured Rates by
Agency

Agency	Provider		2012 Rates	EE %	EE Contributions	ER Contributions
MCPS	UHC	UHC Select HMO <65				
		Single	\$648.05	36%	\$233.30	\$414.75
		Employee + One	\$1,226.39	36%	\$441.50	\$784.89
		Family	\$2,003.19	36%	\$721.15	\$1,282.04
MCPS	UHC	UHC Select HMO >65				
		Single	\$235.32	36%	\$84.72	\$150.60
		Employee + One	\$470.64	36%	\$169.44	\$301.20
		lover 65 / 1 under 65	\$883.37	36%	\$318.02	\$565.35
MCPS	CareFirst	CareFirst BlueChoice HMO <65				
		Single	\$418.75	36%	\$150.75	\$268.00
		Employee + One	\$787.06	36%	\$283.34	\$503.72
		Family	\$1,289.45	36%	\$464.20	\$825.25
MCPS	CareFirst	CareFirst BlueChoice HMO >65				
		Single	\$266.89	36%	\$96.08	\$170.81
		Employee + One	\$533.78	36%	\$192.16	\$341.62
		lover 65 / 1 under 65	\$685.64	36%	\$246.83	\$438.81
MCPS	Kaiser	Kaiser HMO < 65*				
		Single	\$468.20	36%	\$168.55	\$299.65
		Employee + One	\$934.39	36%	\$336.38	\$598.01
		Family	\$1,354.52	36%	\$487.63	\$866.89
MCPS	Kaiser	Kaiser HMO > 65*				
		Single	\$312.28	36%	\$112.42	\$199.86
		Employee + One	\$624.56	36%	\$224.84	\$399.72
		lover 65 / 1 under 65	\$780.47	36%	\$280.97	\$499.50
MCG	UHC	UHC Select HMO >65				
		Single	\$354.99	30%	\$106.50	\$248.49
		Employee + One	\$723.97	30%	\$217.19	\$506.78
		Family	\$1,148.98	30%	\$344.69	\$804.29
MCG	UHC	UHC Select HMO <65				
		Single	\$403.60	30%	\$121.08	\$282.52
		Employee + One	\$775.88	30%	\$232.76	\$543.12
		Family	\$1,233.43	30%	\$370.03	\$863.40
MCG	Kaiser	Kaiser HMO >65*				
		Single	\$315.84	30%	\$94.75	\$221.09
		Employee + One	\$631.69	30%	\$189.51	\$442.18
		Family	\$947.53	30%	\$284.26	\$663.27
MCG	Kaiser	Kaiser HMO <65*				
		Single	\$494.03	30%	\$148.21	\$345.82
		Employee + One	\$928.77	30%	\$278.63	\$650.14
		Family	\$1,462.32	30%	\$438.70	\$1,023.62

2012 Retiree HMO Premium Equivalents/ Fully- Insured Rates by Agency

Agency	Provider		2012 Rates	EE %	EE Contributions	ER Contributions
M-NCPPC	CIGNA	CIGNA HMO <65				
		Single	\$476.00	15%	\$71.40	\$404.60
		Employee + One	\$952.00	15%	\$142.80	\$809.20
		Family	\$1,428.00	15%	\$214.20	\$1,213.80
M-NCPPC	CIGNA	CIGNA HMO >65				
		Single	\$476.00	15%	\$71.40	\$404.60
		Employee + One	\$952.00	15%	\$142.80	\$809.20
		Family	\$1,428.00	15%	\$214.20	\$1,213.80
M-NCPPC	UHC	UHC Select HMO <65				
		Single	\$373.00	15%	\$55.95	\$317.05
		Employee + One	\$746.00	15%	\$111.90	\$634.10
		Family	\$1,119.00	15%	\$167.85	\$951.15
M-NCPPC	UHC	UHC Select HMO >65				
		Single	\$373.00	15%	\$55.95	\$317.05
		Employee + One	\$746.00	15%	\$111.90	\$634.10
		Family	\$1,119.00	15%	\$167.85	\$951.15
WSSC	UHC	UHC HMO <65*				
		Single	\$577.00	20%	\$115.40	\$461.60
		Employee + One	\$1,155.00	20%	\$231.00	\$924.00
		Family	\$1,680.00	20%	\$336.00	\$1,344.00
WSSC	Kaiser	Kaiser HMO <65*				
		Single	\$465.00	20%	\$93.00	\$372.00
		Employee + One	\$930.00	20%	\$186.00	\$744.00
		Family	\$1,408.00	20%	\$281.60	\$1,126.40
WSSC	Kaiser	Kaiser HMO >65*				
		Single	\$211.00	20%	\$42.20	\$168.80
		Family	\$422.00	20%	\$84.40	\$337.60
MC	Kaiser	Kaiser HMO*				
		Single	\$579.69	40%	\$231.88	\$347.81
		Employee + One	\$1,159.37	40%	\$463.75	\$695.62
		Family	\$1,681.69	40%	\$672.44	\$1,009.25

* Includes prescription drugs

2012 Active POS Premium Equivalents by Agency

Agency	Provider		2012 Rates	EE %	EE Contributions	ER Contributions
MCPS	UHC	UHC Closed POS (High Option)				
		Single	\$714.85	18%	\$128.67	\$376.64
		Employee + One	\$1,429.71	18%	\$257.35	\$753.25
		Family	\$1,945.09	18%	\$350.12	\$1,024.90
MCPS	UHC	UHC Open POS (Standard Option)				
		Single	\$450.77	10%	\$45.08	\$405.69
		Employee + One	\$901.51	10%	\$90.15	\$811.36
		Family	\$1,226.63	10%	\$122.66	\$1,103.97
MCPS	CareFirst	CareFirst BlueChoice POS				
		Single	\$418.49	10%	\$41.85	\$376.64
		Employee + One	\$836.95	10%	\$83.70	\$753.25
		Family	\$1,138.78	10%	\$113.88	\$1,024.90
MCG	CareFirst	CareFirst High Option POS				
		Single	\$458.29	25%	\$114.57	\$343.72
		Employee + One	\$792.78	25%	\$198.20	\$594.58
		Family	\$1,334.89	25%	\$333.72	\$1,001.17
MCG	CareFirst	CareFirst Standard Option POS				
		Single	\$426.21	25%	\$106.55	\$319.66
		Employee + One	\$737.28	25%	\$184.32	\$552.96
		Family	\$1,241.46	25%	\$310.37	\$931.09
M-NCPPC	UHC	UHC ChoicePlus POS				
		Single	\$436.00	15%	\$65.40	\$370.60
		Employee + One	\$872.00	15%	\$130.80	\$741.20
		Family	\$1,308.00	15%	\$196.20	\$1,111.80
WSSC	UHC	UHC ChoicePlus POS *				
		Single	\$840.00	22%	\$184.80	\$655.20
		Employee + One	\$1,659.00	22%	\$364.98	\$1,294.02
		Family	\$2,099.00	22%	\$461.78	\$1,637.22
MC	CIGNA	CIGNA POS*				
		Single	\$495.32	25%	\$123.83	\$371.49
		Family	\$1,332.91	25%	\$333.23	\$999.68

* Includes prescription drugs

2012 Retiree POS Premium Equivalents by Agency

Agency	Provider		2012 Rates	EE %	EE Contributions	ER Contributions
MCPS	UHC	UHC Closed POS (High Option) <65				
		Single	\$813.14	36%	\$292.73	\$520.41
		Employee + One	\$1,626.29	36%	\$585.46	\$1,040.83
		Family	\$2,212.64	36%	\$796.55	\$1,416.09
MCPS	UHC	UHC Open POS (Standard Option) <65				
		Single	\$657.90	36%	\$236.84	\$421.06
		Employee + One	\$1,315.82	36%	\$473.70	\$842.12
		Family	\$1,790.17	36%	\$644.46	\$1,145.71
MCG	CareFirst	CareFirst High Option POS >65				
		Single	\$246.94	30%	\$74.08	\$172.86
		Employee + One	\$457.68	30%	\$137.30	\$320.38
		Family	\$508.89	30%	\$152.67	\$356.22
MCG	CareFirst	CareFirst High Option POS <65				
		Single	\$458.29	30%	\$137.49	\$320.80
		Employee + One	\$792.78	30%	\$237.83	\$554.95
		Family	\$1,334.89	30%	\$400.47	\$934.42
MCG	CareFirst	CareFirst Standard Option POS >65				
		Single	\$229.66	30%	\$68.90	\$160.76
		Employee + One	\$425.66	30%	\$127.70	\$297.96
		Family	\$473.27	30%	\$141.98	\$331.29
MCG	CareFirst	CareFirst Standard Option POS <65				
		Single	\$426.21	30%	\$127.86	\$298.35
		Employee + One	\$737.28	30%	\$221.18	\$516.10
		Family	\$1,241.46	30%	\$372.44	\$869.02
M-NCPPC	UHC	UHC ChoicePlus POS <65				
		Single	\$436.00	15%	\$65.40	\$370.60
		Employee + One	\$872.00	15%	\$130.80	\$741.20
		Family	\$1,308.00	15%	\$196.20	\$1,111.80
WSSC	UHC	UHC ChoicePlus POS < 65*				
		Single	\$840.00	22%	\$184.80	\$655.20
		Employee + One	\$1,659.00	22%	\$364.98	\$1,294.02
		Family	\$2,099.00	22%	\$461.78	\$1,637.22
MC	CIGNA	CIGNA POS < 65*				
		Employee	\$732.54	40%	\$293.02	\$439.52
		EE + Spouse or Child(ren)	\$1,465.11	40%	\$586.04	\$879.07
		Family	\$1,966.88	40%	\$786.75	\$1,180.13

* Includes prescription drugs

2012 Active CDHP Premium Equivalents by Agency

Agency	Provider		2012 Rates	EE %	EE Contributions	ER Contributions
MC	CIGNA	CIGNA CDHP*				
		Single	\$445.29	25%	\$111.32	\$333.97
		Family	\$1,198.29	25%	\$299.57	\$898.72

* Includes prescription drugs

2012 Retiree PPO Premium Equivalents by Agency

Agency	Provider	2012 Rates	EE %	EE Contributions	ER Contributions	
MC	CIGNA	CIGNA PPO < 65*				
		Single	\$706.08	40%	\$282.43	\$423.65
		EE + Spouse or Child(ren)	\$1,412.15	40%	\$564.86	\$847.29
		Family	\$1,906.47	40%	\$762.59	\$1,143.88
MC	CIGNA	CIGNA PPO > 65*				
		Employee	\$499.35	40%	\$199.74	\$299.61
		Family	\$998.69	40%	\$399.47	\$599.21

* Includes prescription drugs

2012 Retiree Indemnity/ Medicare Supplement Premium Equivalents by Agency

Agency	Provider		2012 Rates	EE %	EE Contributions	ER Contributions
MCPS	UHC	UHC Indemnity < 65*				
		Single	\$730.15	36%	\$262.85	\$467.30
		Employee + One	\$1,460.34	36%	\$525.72	\$934.62
		Family	\$1,986.84	36%	\$715.26	\$1,271.58
MCPS	UHC	UHC Indemnity >65*				
		Single	\$221.59	36%	\$79.77	\$141.82
		Employee + One	\$443.18	36%	\$159.54	\$283.64
		Family	\$664.77	36%	\$239.32	\$425.45
MCG	CareFirst	CareFirst Indemnity > 65*				
		Single	\$467.24	30%	\$140.17	\$327.07
		Employee + One	\$972.76	30%	\$291.83	\$680.93
		Family	\$1,206.08	30%	\$361.82	\$844.26
MCG	CareFirst	CareFirst Indemnity < 65*				
		Single	\$904.97	30%	\$271.49	\$633.48
		Employee + One	\$1,927.46	30%	\$578.24	\$1,349.22
		Family	\$2,891.35	30%	\$867.40	\$2,023.94
M-NCPPC	UHC	UHC Medicare Complement				
		Single	\$170.00	15%	\$25.50	\$144.50
		Employee + One	\$340.00	15%	\$51.00	\$289.00
		Family	\$510.00	15%	\$76.50	\$433.50
WSSC	UHC	UHC Medicare Supplement*				
		Single	\$463.00	20%	\$92.60	\$370.40
		2-Person Medicare	\$927.00	20%	\$185.40	\$741.60

* Includes prescription drugs

2012 Active Prescription Drug Premium Equivalents by Agency

Agency	Provider		2012 Rates	EE %	EE Contributions	ER Contributions
MCPS	Caremark	Caremark				
		Single	\$141.07	10%	\$14.11	\$126.96
		Employee + One	\$281.84	10%	\$28.18	\$253.66
		Family	\$347.81	10%	\$34.78	\$313.03
MCPS	Kaiser	Kaiser				
		Single	\$65.55	10%	\$6.56	\$59.00
		Employee + One	\$130.87	10%	\$13.09	\$117.78
		Family	\$189.66	10%	\$18.97	\$170.69
MCG	Caremark	Caremark Standard Option				
		Single	\$121.72	25%	\$30.43	\$91.29
		Employee + One	\$225.18	25%	\$56.30	\$168.88
		Family	\$348.95	25%	\$87.24	\$261.71
MCG	Caremark	Caremark High Option \$4/\$8				
		Single	\$208.04	56%	\$116.75	\$91.29
		Employee + One	\$384.87	56%	\$215.99	\$168.88
		Family	\$596.42	56%	\$334.71	\$261.71
MCG	Caremark	Caremark High Option \$5/\$10				
		Single	\$205.35	56%	\$114.06	\$91.29
		Employee + One	\$379.91	56%	\$211.03	\$168.88
		Family	\$588.73	56%	\$327.02	\$261.71
M-NCPPC	Caremark	Caremark				
		Single	\$140.00	15%	\$21.00	\$119.00
		Employee + One	\$280.00	15%	\$42.00	\$238.00
		Family	\$420.00	15%	\$63.00	\$357.00

2012 Retiree Prescription Drug Premium Equivalents by Agency

Agency	Provider		2012 Rates	EE %	EE Contributions	ER Contributions
MCPS	Caremark	Caremark Prescription Drug A			Option A \$5/\$15/\$25	
		Single	\$313.41	36%	\$112.83	\$200.58
		Employee + One	\$626.81	36%	\$225.65	\$401.16
		Family	\$783.50	36%	\$282.06	\$501.44
MCPS	Caremark	Caremark Prescription Drug B			Option B \$10/\$25/\$35	
		Single	\$165.57	36%	\$59.60	\$105.97
		Employee + One	\$331.12	36%	\$119.20	\$211.92
		Family	\$413.91	36%	\$149.01	\$264.90
MCG	Caremark	Caremark Standard Option > 65				
		Single	\$150.60	30%	\$45.18	\$105.42
		Employee + One	\$301.21	30%	\$90.36	\$210.85
		Family	\$451.81	30%	\$135.54	\$316.27
MCG	Caremark	Caremark Standard Option < 65				
		Single	\$121.72	30%	\$36.52	\$85.20
		Employee + One	\$225.18	30%	\$67.55	\$157.63
		Family	\$348.95	30%	\$104.69	\$244.27
MCG	Caremark	Caremark High Option \$5/\$10 > 65				
		Single	\$254.43	30%	\$149.01	\$105.42
		Employee + One	\$508.88	30%	\$298.03	\$210.85
		Family	\$763.30	30%	\$447.03	\$316.27
MCG	Caremark	Caremark High Option \$5/\$10 < 65				
		Single	\$205.35	30%	\$120.15	\$85.20
		Employee + One	\$379.91	30%	\$222.28	\$157.63
		Family	\$588.73	30%	\$344.47	\$244.27
M-NCPPC	Caremark	Caremark				
		Single	\$140.00	15%	\$21.00	\$119.00
		Employee + One	\$280.00	15%	\$42.00	\$238.00
		Family	\$420.00	15%	\$63.00	\$357.00

Prescription Drug Plan Provisions

		MCG			
Plan Type	CareFirst BlueCross BlueShield POS & UnitedHealthcare Plans	CareFirst BlueCross BlueShield Indemnity	Kaiser Permanente		
Prescription Drugs					
Carve Out Prescription Drug (Y/N)	Yes	No			No
If Yes, Prescription Vendor	Caremark				
Network	High \$5/\$10	High \$4/\$8	Standard		Medical Center Pharmacy
Deductible			\$50- Single, \$50- Family	Apply coinsurance after medical plan deductible of EE \$200 / F \$400	Network Pharmacy
Retail Generic	\$5	\$4	\$10	80%	\$5 \$15
Retail Formulary Brand	\$10 / \$5*	\$8 / \$4*	\$20	80%	\$5 \$15
Retail Non-Formulary Brand	\$10 / \$5*	\$8 / \$4*	\$35	80%	\$5 \$15
Mail Order Generic	\$5	\$4	\$10	80%	\$5 \$5
Mail Order Formulary Brand	\$10 / \$5*	\$8 / \$4*	\$20	80%	\$5 \$5
Mail Order Non-Formulary Brand	\$10 / \$5*	\$8 / \$4*	\$35	80%	\$5 \$5
Comments	* Price if no generic available				

Prescription Drug Plan Provisions

MCPS (effective July 1)									
UnitedHealthcare & CareFirst BlueChoice Plans					Kaiser Permanente				
Prescription Drugs									
Carve Out Prescription Drug (Y/N)	Yes				No				
If Yes, Prescription Vendor	Caremark								
Network	Actives	Retirees A	Retirees B	Actives & Non-Medicare		Medicare			
				Medical Center Pharmacy	Network Pharmacy	Medical Center Pharmacy	Network Pharmacy		
Deductible									
Retail Generic	\$5	\$5	\$10	\$5	\$10	\$5*	\$7.50^	\$10*	\$15^
Retail Formulary Brand	\$10	\$15	\$25	\$5	\$10	\$5*	\$7.50^	\$10*	\$15^
Retail Non-Formulary Brand	\$25	\$25	\$35	\$5	\$10	\$5*	\$7.50^	\$10*	\$15^
Mail Order Generic	\$0	\$10	\$20	\$5	\$5	\$3	\$3	\$3	\$3
Mail Order Formulary Brand	\$10	\$30	\$50	\$5	\$5	\$3	\$3	\$3	\$3
Mail Order Non-Formulary Brand	\$25	\$50	\$70	\$5	\$5	\$3	\$3	\$3	\$3
Comments	* Up to a 60-day supply ^ Up to a 90-day supply								

Prescription Drug Plan Provisions

Plan Type	MC				M-NCPPC		WSSC	
	CIGNA OAP (PPO)	CIGNA HealthCare (POS)	CIGNA CDHP	Kaiser Permanente	CIGNA & UHC Plans	UnitedHealthcare Plans	Kaiser Permanente	
Prescription Drugs								
Carve Out Prescription Drug (Y/N)		Yes		No	Yes	Yes	No	
If Yes, Prescription Vendor		Caremark			Caremark	Caremark		
Network	PPO	POS	CDHP	Medical Center Pharmacy	Network Pharmacy		Medical Center Pharmacy	
Deductible	\$150		EE- \$1,200 Ee+1- \$2,400 Family- \$3,000					
Retail Generic	\$10	10%, \$10 min \$20 max	10%	\$15	\$16	\$5	\$5* / \$7.50^	
Retail Formulary Brand	\$20	20%, \$20 min \$50 max	10%	\$30	\$37	\$15	\$15* / \$22.50^	
Retail Non-Formulary Brand	\$40	40%, \$40 min \$100 max	10%	\$30	\$37	\$30	\$30* / \$45^	
Mail Order Generic	\$20	10%, \$25 min \$40 max	10%	\$15	\$15	\$10	\$7.50	
Mail Order Formulary Brand	\$40	20%, \$60 min \$120 max	10%	\$30	\$30	\$25	\$22.50	
Mail Order Non-Formulary Brand	\$80	40%, \$100 min \$250 max	10%	\$30	\$30	\$55	\$45	
Comments					* Price if generic is available		* Up to a 60-day supply	
					50% coinsurance for Life Style drugs \$50 copay for Biotech drugs		^ Up to a 90-day supply	